



COUNTY BOROUGH OF DUDLEY.

ANNUAL REPORT

of the

**MEDICAL OFFICER OF HEALTH
and SCHOOL MEDICAL OFFICER**

(T. O. P. D. LAWSON, M.D., D.R.C.O.G., D.P.H.)

and of the

CHIEF SANITARY INSPECTOR

(W. PARKER, M.R.San.I., M.S.I.A.)

FOR THE YEAR 1949.

Erratum - Page 35 (15) School Dental Service,
2nd paragraph, line 9 - for "adequate" read "inadequate".



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FOR THE YEAR 1949.

Constitution of Committees as at 31st December, 1949.

HEALTH COMMITTEE.

Alderman Dr. A. W. Weston (Chairman).

Councillor J. C. Price (Vice-Chairman).

The Mayor	Councillor C. N. Preedy
The Deputy Mayor	Councillor E. L. Stokes
Alderman Dr. F. G. Lewis	Councillor R. N. Tong
Councillor T. Murray	Councillor W. Wakeman
Councillor W. H. W. Poulton	Councillor S. Wright

(Members of the Council)

Canon J. Waring	} Appointed by Area Executive Council.
W. H. Flavell, Esq.	
Dr. J. Macdonald	

Dr. D. L. Little	} Appointed by Local Medical Committee

H. Skidmore, Esq.	} Appointed by Local Hospital Management Committee

Mrs. D. Chambers, J.P.	Mrs. S. Lowe
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(Co-opted Members)

EDUCATION COMMITTEE.

Alderman A. E. Young, J.P. (Chairman)

Alderman J. L. Hillman (Vice-Chairman)

The Mayor	Councillor H. H. Cartwright
The Deputy Mayor	Councillor A. L. Hillman
Alderman T. E. Bennett, J.P.	Councillor P. Homer
Alderman Dr. F. G. Lewis	Councillor J. A. Nayler
Alderman J. A. Taylor	Councillor H. L. Preedy
Councillor T. H. Bruton	Councillor W. Shuttleworth

(Members of the Council)

Mrs. D. Chambers, J.P.	Rev. Ian K. Paton
Miss S. Frood	Rev. P. J. Quilty
Miss M. E. Hall	Canon J. Waring
Mr. H. Baker	

(Co-opted Members)

SCHOOL MEDICAL & ATTENDANCE SUB-COMMITTEE.


Alderman Dr. F. G. Lewis (Chairman).

The Mayor	Councillor T. H. Bruton
Alderman A. E. Young	Councillor P. Homer

(Members of the Council)

Rev. Ian K. Paton	Miss S. Frood
Canon J. Waring	Miss M. E. Hall
Mrs. D. Chambers, J.P.	Rev. P. J. Quilty

(Co-opted Members)



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The Mayor, Aldermen and Councillors
of the County Borough of Dudley.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1949.

Officially this will be the first Annual Report I have presented to you, as you may remember that although the report for 1948 was prepared by me, it was presented under the name of the late Dr. Justin Martin. Following his untimely death you did me the honour to appoint me as your Medical Officer of Health and I would take this opportunity of expressing to you my appreciation of the confidence you have placed in me. It will be my earnest endeavour to justify your confidence and maintain in the Health Department the high standard of work so ably upheld by my predecessors.

In the Annual Report last year, I described in detail the duties placed on the Local Authority by the new National Health Service Act. These duties are now being implemented and considerable progress has been made during the year. It has been the aim of the Health Department to take its place within the Local Authority in this comprehensive Service to the community, and to contribute to the success of the venture by co-operation with other branches of the Service. If I were asked to make any criticism of the Health Service during this, its second year, I would say that this co-operation has not yet been fully achieved. If all the services of preventive and medical treatment are to be brought to bear in effecting a really comprehensive service, it is so essential that the three component services, the Local Health Authority, the Executive Council and the Hospital Board should work in close and intimate contact. However, there are indications that measures are now being considered to effect a closer integration of the various services, which, if adopted, should make for more effective administration. On the other hand, were I asked to comment favourably on any particular aspect of the Health Services during the year I would express satisfaction at what one might describe as the fresh impetus in the work of the various voluntary bodies co-operating with the Health Department. It seems when the Health Service was first introduced that voluntary workers in the health field would be relegated to a position of minor importance. This idea is gradually disappearing and they themselves are now realising the important contribution they have to make. Dudley has never lacked voluntary workers and it is a pleasure to pay tribute to the various associations, official and unofficial, which daily co-operate and assist in the work of the Department.

The year has been one of steady progress and increasing work. The limitations imposed by the war years have largely disappeared and the wide scope offered by the new Act is a continual stimulus to progress. This progress may at times appear slow but a Medical Officer of Health must always bear in mind

that there are other Departments besides his own in Local Authority, and that health, although an ever-pressing priority, must at times give place to other urgent projects. In these days of restrictions, financial and otherwise, delay is common, and often exasperating, as you know only too well, but we are progressing as fast as we may and in some respects, faster than we hoped.

I will comment briefly now on the more important aspects of the work during the year. Fuller details are provided later in the report.

Infant Mortality.

As I forecast in my last Annual Report, the considerable improvement shown in 1948 has not been maintained and the infant death rate for the year shows a total of 53 infant deaths (47.32 per 1,000 related live births) as compared with the figure for 1948—37 (33.64) and the figure for England and Wales of 32 per 1,000 related live births. The Registrar General reports that this is the lowest figure ever recorded in this country. The corresponding rate for the County Boroughs and Great Towns including London is 37.

It must, however, be noted that the infant death rate in respect of any community may show fluctuations not reflected in the corresponding rate for the country as a whole, and this is particularly the case in a town of the size of Dudley. It is the tendency of the average rate over a period which is important as an indication of the progress made. In my last report I showed the remarkable progress made in Dudley in a graph indicating the declining infant death rate in Dudley in five year periods since 1896. It is worth noting also that the infant death rate for 1947 was 50.72 per 1,000 live births and I venture to forecast that the rate for 1950 will be below that for this year.

The infant death rate for the year does not, therefore, call for undue despondency, but it is a constant reminder of the untiring efforts required of all those whose work involves the care of infant life. There is no more vital job in the community and the rewards of success are self evident. It would, of course, have been particularly satisfying to have repeated last year's record figure and what has been done once can be done again. As I said last year, this must be our aim for the future.

A detailed report on the infant deaths during the year will be found later in the report.

Diphtheria.

The campaign against Diphtheria can rightly be described as one of the outstanding successes of preventive medicine and it gives me particular satisfaction to be able to report that this success has been repeated in Dudley every year since immunisation was first started. In 1947 the number of confirmed cases in the town had fallen to 20, and last year I was able to report that this figure had been reduced by almost one-third to 14. In 1949 this figure has once again been reduced, this time by more than one-half to a total of 6 confirmed cases. When one can also report that there has again been no death from the disease during the year it is not going too far to say that Diphtheria at the present time has almost been wiped out in Dudley. It can be

wiped out and the continued good sense and co-operation from the parents in Dudley should achieve this happy result in a very short time. No further comment is necessary on the effectiveness of immunisation against Diphtheria, a measure which has already saved thousands of infant lives.

Maternal Mortality.

The high standard achieved in the care of expectant mothers is once again reflected in the absence of maternal deaths in the town during the year. For the second year in succession, no mother died in Dudley as a result of child birth.

Other Vital Statistics.

Two other items in the vital statistics of the Borough are worthy of note. The appreciable fall in the birth rate reported last year has not been maintained, the rate of 17.69 for the year showing very little difference from that of 1948 (17.58). The number of deaths from all causes, however, shows a considerable increase over the figure for 1948. The death rate per 1,000 population in 1948 was 9.48. This has risen during 1949 to a rate of 11.50, an increase of 2.02 as compared with an increase of 0.9 for England and Wales as a whole. It must be remembered, however, that the death rate for 1948 was unusually low, being the lowest ever recorded in the history of the Borough. Also the death rate for the town during 1949 still compares favourably with the death rate for England and Wales as a whole (11.7). The number of stillbirths declined from 30 (26.55 per 1,000 live and still births) in 1948 to 27 (24.11) in 1949, and compares favourably with the figure for England and Wales for 1949 which was 23.0 per 1,000 live and stillbirths.

Housing.

The housing problem on which I commented in my last report is still with us and still adds further to almost every health problem with which the Department has to deal, as indeed it affects every Health Department throughout the country. While one looks forward to the day when sufficient houses will be available to meet the needs of the Borough, I would meantime take this opportunity to record my appreciation of the sympathetic consideration I always receive from the Housing Committee whenever I recommend medical cases for their special consideration. The alleviation of hardship and suffering achieved in these particular cases is a source of encouragement to all those members of the Health Department who are continually striving to relieve the living conditions of those who have the additional handicap of ill-health.

In conclusion I would like once again to express my thanks and appreciation to all members of the Council, in particular the Chairman of the Health Committee, for the support and encouragement I have received since joining the Health Department in Dudley. Since I took up my appointment it has been a source of pleasure to note the loyal co-operation and assistance I have received from every member of my staff of the Health Department. Also the happy relationship which I have enjoyed

from the beginning, with officials of other Departments, has been warmly appreciated. I would particularly mention once again the assistance and ready co-operation on which I can depend at all times from Mr. W. Parker, the Chief Sanitary Inspector, whose knowledge and experience is an indispensable asset to the Department.

Mr. J. P. Mackenzie, who has been largely responsible for the compilation of the statistical data embodied in this report, has given sterling service in his capacity of Administrative Assistant since he joined the Department in November, 1948, and my thanks are due to him as a reliable and loyal officer. Lastly, my thanks are again due to the Editors of the local papers for their valuable assistance in health publicity, and to the voluntary organisations and other members of the public who have so willingly contributed to the successful activities of the Health Department during the year.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

T. O. P. D. LAWSON,
Medical Officer of Health.

SECTION A—VITAL STATISTICS.

(1) Summary.

Population—Registrar General's estimate, 1949	...	63,310
Rateable Value (1949/50)	... ..	£325,402
Product of Id. Rate (1949/50)	... ..	£1,298

Livebirths:—	M.	F.	Ttl.	
Legitimate	... 546	532	1078	} Rate per 1,000 population 17.69
Illegitimate	... 16	26	42	

Stillbirths:—

Legitimate	... 15	12	27	} Rate per 1,000 total (live and still) births
Illegitimate	... —	—	—	

Deaths	... 383	345	728	Rate per 1,000 population 11.50
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Infant Deaths	... 30	23	53	Rate per 1,000 live births 47.32
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Illegitimate Infant Deaths	... 1	2	3	Rate per 1,000 illegitimate live births ... 71.4
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Maternal Deaths	—	—	—	Rate per 1,000 total (live and still) births —
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(2) Deaths from all Causes.

Table 1.

Cause of Death.	M.	F.	Ttl.
1. Typhoid and Paratyphoid Fevers	...	—	—
2. Cerebro-Spinal Fever	...	—	—
3. Scarlet Fever	...	—	—
4. Whooping Cough	...	2	3
5. Diphtheria	...	—	—
6. Tuberculosis of Respiratory System	20	8	28
7. Other forms of Tuberculosis	2	3	5
8. Syphilitic Diseases	2	—	2
9. Influenza	13	7	20
10. Measles	1	—	1
11. Acute Poliomyelitis and Polioencephalitis	—	—	—
12. Acute Infective Encephalitis	—	—	—
13. Cancer of Buccal Cavity and Oesophagus (m) Uterus (f)	1	3	4
14. Cancer of Stomach and Duodenum	14	8	22
15. Cancer of Breast	—	12	12
16. Cancer of all other Sites	46	20	66
17. Diabetes	3	5	8
18. Intra-Cranial Vascular Lesions	30	45	75
19. Heart Disease	78	98	176
20. Other diseases of circulatory system	21	17	38
21. Bronchitis	33	27	60
22. Pneumonia	16	17	33
23. Other respiratory diseases	3	1	4

Cause of Death.					M.	F.	Ttl.
24.	Ulcer of Stomach and Duodenum				5	—	5
25.	Diarrhoea under 2 years	...	...		4	3	7
26.	Appendicitis	...	...	...	3	1	4
27.	Other digestive diseases	...	...		6	12	18
28.	Nephritis	...	...	...	11	15	26
29.	Puerperal and Post-Abort.	Sepsis			—	—	—
30.	Other Maternal Causes	...	...		—	—	—
31.	Premature Birth	...	...		3	5	8
32.	Congenital Malformations,	Birth					
	Injuries, Infant Diseases	...	...		12	3	15
33.	Suicide	...	...	...	6	1	7
34.	Road Traffic Accidents	...	...		5	—	5
35.	Other Violent Causes	...	...		12	10	22
36.	All other causes	...	...	...	31	21	52
					383	345	728

(3) Principal Causes of Death.

Table 2.

Cause of Death.					M.	F.	Ttl.
1.	Heart Disease	...	...	...	78	98	176
2.	Cancer	...	...	...	61	43	104
3.	Intra-cranial Vascular Lesions	...			30	45	75
4.	Bronchitis	...	...	...	33	27	60
5.	Other Diseases of Circulatory System				21	17	38
6.	Pneumonia	...	...	...	16	17	33
7.	Respiratory Tuberculosis	...	...		20	8	28
8.	Nephritis	...	...	...	11	15	26
9.	Premature Birth, Congenital Mal-						
	formations, Birth Injuries, Infant						
	Diseases	...	...	...	15	8	23

(4) Discussion.

(a) General.

The total deaths showed an increase of 135, being 728 as against 593 in 1948, giving a rate increase of 2.02 per 1,000 of the population. The death rate per 1,000 population was 11.5 as compared with a rate of 12.5 for the Great Towns and 11.7 for England and Wales.

(b) Heart Disease.

Although disease of the heart and arteries as indicated in Table 2 continues to be the greatest cause of death, there is a percentage decrease of 9.3 compared with 1948. It is also noticeable that the percentage of 34.5 for this year is the lowest since 1942, which was 32.9. This is shown in the following table. It is doubtful, however, if any significance can be attached to this year's figure as there has been no evidence of a downward trend since 1942.

1939	...	...	...	34.0
1940	...	...	...	35.5
1941	...	...	...	29.2
1942	...	...	...	32.9
1943	...	...	...	36.2
1944	...	...	...	37.6
1945	...	...	...	40.0
1946	...	...	...	37.9
1947	...	...	...	40.4
1948	...	...	...	43.8
1949	...	...	...	34.5

(c) **Cancer.**

The number of deaths from this disease during the year was 104, as compared with 89 in 1948.

(d) **Infant Mortality.**

The infant mortality rate per 1,000 live births was 47.32, a considerable increase over the rate for last year (33.64), which, as I stated then, was the lowest ever recorded in the history of the Borough. I have already discussed the significance of this increase in my introduction to the report. The total number of infant deaths during the year was 53.

The following table classifies the causes of these deaths:—

Prematurity	...	...	...	8
Respiratory Infections	...	...	...	17
Congenital Deformities	...	...	...	9
Birth Injuries	...	...	...	5
Atelectasis	...	...	...	2
Gastro Enteritis	...	...	...	7
Accidents at home	...	...	...	2
Others	...	...	...	3

From the above table it will be seen that nearly half of the infant deaths during the year were due to two factors, viz. Respiratory Infections and Gastro Enteritis, the two commonest causes of infant death and two definitely preventable causes. Even with our record infant death rate last year nearly half the deaths were similarly due to these two important causes. There are, of course, many contributory causes in these two categories, the main one being overcrowding, because both are infections. Overcrowding in the home is the chief obstacle to the prevention of infection and especially infection at this very susceptible age. While not apportioning all causes of infant death to overcrowding I feel that in this field of preventive medicine, the provision of adequate housing accommodation will lead to a very appreciable reduction in our infant death rate.

(e) The birth-rate, death-rate and analysis of mortality during the year are set out in the following table:—

BIRTH-RATE, DEATH-RATE AND ANALYSIS OF MORTALITY DURING THE YEAR 1949.

	Birth-rate per 1,000 total population		Annual Death rate per 1,000 Civilian Population.							Rate per 1,000 Live Births		
	Live Births	Still Births	All Causes	Pneumonia	Ac. Polio-myelitis and Polio-encephalitis.	Typhoid and Paratyphoid	Tuberculosis	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (Under 2 years).	Total Deaths under 1 year.
Dudley	17.69	0.43	11.5	0.52	0.00	0.00	0.52	0.00	0.00	0.32	0.11	47.3
England and Wales ..	16.7	0.39	11.7	0.51	0.01	0.00	0.45	0.01	0.00	0.15	3.0	32
126 Great Towns, including London (Census Populations exceeding 50,000)	18.7	0.47	12.5	0.56	0.02	0.00	0.52	0.02	0.00	0.15	3.8	37
148 Smaller Towns (1931 Census Populations 25,000—50,000) ..	18.0	0.40	11.6	0.49	0.02	0.00	0.42	0.01	0.00	0.14	2.4	30
London	18.5	0.37	12.2	0.59	0.01	0.00	0.52	0.01	0.00	0.11	1.7	29

SECTION B—WATER SUPPLY.

The main water supply to the County Borough of Dudley is normally derived from four pumping stations in the Smestow Valley, together with part of the yield of two further pumping stations in the Lichfield area, the water from one of which is derived from a surface source.

Waters from the various pumping stations are examined regularly, both bacteriologically and chemically, and bacteriological examinations are also made of raw waters, except in the case of one station where plant layout prevents such examination.

Raw water examinations are taken at frequent intervals and during 1949 a total number of 374 raw water samples were obtained; of these, 64 were from underground sources, all of which were free from coliform bacteria and the remaining 310 samples were from surface water supplies. The average coliform bacteria content of this raw water was approximately 100 per 100 ml.

From the stations which supply water to the County Borough of Dudley 466 samples were examined in 1949, of which number 460 were free from all types of coliform bacteria, five showed presence of non-fascal coliform bacteria and the remaining sample confirmed the presence of B.coli. The latter sample was taken immediately after a changeover of pumping units located in different boreholes and all subsequent samples from this source were found to be free.

Sample Ref. No. A 5605.

RESULTS OF EXAMINATION OF SAMPLE OF WATER FROM DUDLEY.

Sample taken on 6th September, 1949.

Bacteriological Examination.

Bacteria.	Colonies per ml.	Coliform Bacteria.
Nutrient Agar at 20°C. 3 days	... .. 0	Presumptive Test: Absent
Nutrient Agar at 37°C. 1 day	... .. 0	Differential Tests: Absent
Nutrient Agar at 37°C. 2 days	... .. 0	

Physical Characters.

Colour (Burgess)	... 2 mm.	Taste	Normal
Turbidity: Trace susp. matter.		Odour	Nil
pH.	... .. 7.2		

Chemical Analysis (Expressed in Parts per Million).

Free CO ₂ —	Silica (SiO ₂) —
Alkalinity (CaCO ₃) ... 101	Calcium (Ca) —
Chlorides (Cl.) ... 40.0	Magnesium (Mg) —
Ammoniacal Nitrogen Trace	Sodium (Na) —
Albuminoid Nitrogen Trace	Carbonate (CO ₃) —
Oxidised Nitrogen ... 2.8	Sulphate (SO ₄) —
Oxygen Absorbed (3 hrs. at 27°C.) ... .12	Iron (Fe) ... .. .04
Temporary Hardness . 95	Manganese (Mn) ... Nil
Permanent Hardness . 85	Zinc (Zn) Nil
Total Hardness ... 180	Poisonous Metals ... Nil
Total Solids (dried at 180°C.)	Free Cl. Nil

A pure and wholesome supply.

Sample Ref. No. A 5606.

RESULTS OF EXAMINATION OF SAMPLE OF WATER FROM NETHERTON.

Sample taken on 6th September, 1949.

Bacteriological Examination.

Bacteria. Colonies per ml.	Coliform Bacteria.
Nutrient Agar at 20°C. 3 days 0	Presumptive Test: Absent
Nutrient Agar at 37°C. 1 day 0	Differential Tests: Absent
Nutrient Agar at 37°C. 2 days 0	

Physical Characters.

Colour (Burgess) ... 2 mm.	Taste Normal
Turbidity: Trace susp. matter.	Odour Nil
pH. 7.3	

Chemical Analysis (Expressed in Parts per Million).

Free CO ₂ —	Silica (SiO ₂) —
Alkalinity (CaCO ₃) ... 102	Calcium (Ca) —
Chlorides (Cl) ... 36.4	Magnesium (Mg) —
Ammoniacal Nitrogen Trace	Sodium (Na) —
Albuminoid Nitrogen Trace	Carbonate (CO ₃) —
Oxidised Nitrogen ... 2.6	Sulphate (SO ₄) —
Oxygen Absorbed (3 hrs. at 27°C.) ... .12	Iron (Fe) ... .. .04
Temporary Hardness 96	Manganese (Mn) ... Nil
Permanent Hardness 86	Zinc (Zn) Nil
Total Hardness ... 182	Poisonous Metals ... Nil
Total Solids (dried at 180°C.)	Free Cl ... .. .07

A pure and wholesome supply.

SECTION C—INFECTIOUS DISEASE.

Cases for 1949.

(a) General Incidence.

The following table gives the incidence of the principal notifiable diseases during the year:—

				Numbers originally notified		Final Numbers after correction	
				M.	F.	M.	F.
Scarlet Fever	...	...	...	26	22	25	22
Diphtheria	...	...	...	5	8	4	2
Whooping Cough	...	...	...	116	150	116	150
Measles	...	...	...	310	305	310	304
Pneumonia	...	...	...	36	27	32	26
Enteric or Typhoid Fever				—	—	—	—
Erysipelas	...	...	...	4	9	4	9
Dysentery	...	...	...	—	1	—	1
Puerperal Pyrexia	...	...	...	—	3	—	3
Ophthalmia Neonatorum				1	1	1	1
Anterior Poliomyelitis	...	...	...	3	2	3	2
Cerebro-Spinal Fever	...	...	...	3	—	3	—

(b) Whooping Cough.

There has been a slight increase in the incidence of whooping cough, which is of no great significance.

(c) Measles.

There has been a drop in the number of cases during the year. As this disease normally runs in two year circles, this is to be expected and is of no special significance.

(d) Diphtheria.

The figures for this disease continue to improve and for the second year in succession no deaths were registered from this cause in the Borough: the number of confirmed cases fell to 6, a decrease of 8 compared with 1948. The percentage of children under 5 years of age who are immunised is now 52.9, a further slight increase over last year's figure.

(e) Scarlet Fever.

There has been a very marked drop in cases of Scarlet Fever notified during the year from 169 cases in 1948 to 47 in 1949. There has been an appreciable drop generally both in the incidence and severity of this disease in recent years. Whether this is a passing phase it is difficult to say but at the moment the disease is not so serious as formerly.

(f) **Tuberculosis.**

Although there has been no increase in the incidence of Tuberculosis during the year as compared with 1948, it is not possible to report any diminution of the disease in the town. The notifications (91) received during the year correspond exactly with those for 1948. There has, however, been a small decrease in the number of deaths from 41 in 1948 to 33 in 1949.

Once again one must draw attention to the very serious shortage of sanatorium accomodation. It is futile to hope for a reduction in the incidence of Tuberculosis when so many of these unfortunate people, who in their own interests and in the interests of the community, should be segregated in sanatoria, are at liberty to disseminate the disease. The position is particularly tragic in the case of tuberculous adults who must continue to live at home with young children and especially in conditions of overcrowding where the chances of avoiding infection are small, in spite of the best supervision. However, until adequate sanatorium accommodation becomes available, everything possible is being done for those afflicted with this disease, and the Council's policy in offering the highest housing priority to tuberculous families has done, and is still doing, a great deal to alleviate distress, and prevent, as far as possible, the further spread of the disease.

Of the total number of notifications (91), 84 were pulmonary and 7 of the non-pulmonary type. The distribution of the two types shows very little difference from that of last year, when the corresponding figures were pulmonary 79 and non-pulmonary 12.

The number of persons on the register at 31st December, 1949, was:—

Pulmonary 329, Non-Pulmonary 49. Total 378.

The number of notifications and deaths from Pulmonary and Non-Pulmonary Tuberculosis according to age groups is set out below. Notifications are placed first.

NOTIFICATIONS AND DEATHS.

Age Groups.	0—1		1—5		5—15		15—45		45—65		65 & Over.		Total all ages	
	N	D	N	D	N	D	N	D	N	D	N	D	N	D
Pulmonary.														
Male ...	—	—	3	—	3	—	37	13	7	6	1	1	51	20
Female ...	—	—	—	—	3	—	26	8	3	—	1	—	33	8
Non-Pulmonary.														
Male ...	—	—	—	—	1	1	2	1	—	—	—	—	3	2
Female ...	—	—	1	1	1	—	2	2	—	—	—	—	4	3

(g) Scabies.

The number of cases treated for Scabies has continued to decrease since the war years. The Scabies Cleansing Unit has now been functioning at Lister Road Depot since 1945.

The following figures give the details of the number of cases dealt with during the year:—

(i) Adults and Adolescents cleansed at Lister Road	27
(ii) Children (school age or under) cleansed at Lister Road	51
(iii) Children (school age or under) cleansed at the Clinics	Nil

(h) Public Health Laboratory.

The laboratory has continued to be of valuable service to the Health Department throughout the year in the investigation of outbreaks of infectious disease. Also by the inauguration of a daily collection service from the Central Clinic, delay in the receipt of laboratory reports has been reduced to a minimum.

(i) Venereal Disease.

The following is a summary of the services rendered at the Treatment Centre during the year. Treatment of venereal disease is now under the direction of the Local Hospital Management Committee and is no longer a Local Authority responsibility.

There has been an appreciable reduction in the incidence of venereal disease in the town during the year as compared with 1948.

SERVICES RENDERED AT TREATMENT CENTRE DURING THE YEAR.

Cases dealt with for first time during year:—

	Dudley.	Worcs.	Staffs.	West Bromwich.	Service Cases.	Total
Syphilis	6	1	12	—	—	19
Soft Chancre	—	—	—	—	—	—
Gonorrhoea	12	2	15	3	—	32
Non-Venereal & undiagnosed con- ditions	49	7	74	7	—	137
Total	67	10	101	10	—	188

Total number of attendances of all patients residing in each area ... 1940	220	3556	97	—	5783
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Cases who ceased to attend before completion of treatment, showing condition on first attendance:—

SYPHILIS					GONORRHOEA
Primary	Secondary	Latent in 1st year of infection	All later Stages	Congenital	
M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
2 3	— —	— —	— —	— —	— —

Pathological Work.

No. of Specimens examined at V.D. Clinic	MICROSCOPICAL		
	Syphilis	Gonorrhoea	
	72	533	
No. of Specimens examined at an approved laboratory ...	SERUM		
	Syphilis	Gonorrhoea	Cerebro- spinal fluid
	901	272	10

The number of patients admitted for in-patient treatment was 6.

**SECTION D—PARTS III and V—NATIONAL HEALTH
SERVICE ACT, 1946. SERVICES IN 1949.**

Clinics.

I have still to report that the building of the new Clinic at Dudley Wood has not yet commenced but there is now every reason to believe that work will begin during 1950.

I referred in my report last year to the need for improved arrangements in the Holly Hall area, where, as you know, all the clinic sessions are held in the Woodside Library, which although useful for this purpose is not now adequate to meet the needs of the area. It has occurred to me that the problem would be admirably solved by providing for the erection of a clinic within the development scheme on the Old Park Estate. A clinic on this estate would be ideally situated to serve the Holly Hall area and at the same time would make provision for the influx of population to the new estate when the houses are completed. The combined population of the Holly Hall area and Old Park Estate would be roughly 10,000.

The following sessions are conducted in the Borough:—

TREATMENT CENTRES AND CLINICS.

Infant Welfare sessions are held each week, as follows:—

Central Clinic, Hall Street, Dudley, on Tuesday and Friday afternoons.

Netherton Clinic, Brewery Street, on Tuesday and Friday afternoons.

Holly Hall Clinic, Public Library, on Monday afternoons.

Priory Clinic, Cedar Road, on Tuesday and Thursday afternoons.

Dudley Wood Clinic, Dudley Wood Schools, on Saturday morning.

Ante-Natal Clinics are held each week as follows:—

Central Clinic on Thursday morning.

Priory Clinic on Wednesday afternoon.

Netherton Clinic on Monday afternoon.

Holly Hall Clinic on Tuesday morning.

Dudley Wood Clinic on Saturday morning.

Minor Ailment Clinics are held each week-day morning at the following Clinics:—

Central Clinic.

Netherton Clinic.

Priory Clinic.

Holly Hall Clinic.

Ear, Nose and Throat Clinic on Saturday morning.

Ophthalmic Clinics on Monday morning, and Wednesday morning and afternoon.

Massage Clinics daily.

Artificial Sunlight Clinics on Monday, Wednesday and Thursday.

Orthopaedic Clinic on Friday.

Dental Clinics are held throughout the week at the Central and Priory Clinics.

Paediatric Clinic once fortnightly on Friday afternoon.

Obstetric Clinic once monthly on Monday.

Care of Mothers and Young Children.

Maternity Clinics.

Child Welfare Clinics.

Attendances at both the maternity and child welfare sessions have been satisfactory; the following figures show attendances as compared with those for 1948.

	Expectant Mothers		Total	
	Attending		Attendances	
	1949	1948	1949	1948
(a) Ante-Natal.	523	772	2952	3932
(b) Post Natal.	163	158	203	205
(c) Child Welfare:				
Children under 1 year.			14268	14477
Children between 1 and 5 years.			3376	2303
			<hr/> 17644	<hr/> 16780

I would like to take this opportunity of expressing my thanks to the ladies of the Voluntary Committees at the Central, Priory, Woodside and Netherton Clinics for the services they have given to the mothers and children during the year.

Orthopaedic Clinic.

The orthopaedic clinic under the direction of Mr. A. M. Hendry, continues to give efficient service: although the responsibility for the specialist clinic has been passed to the Regional Hospital Board, the Council continues to make its premises at the Central Clinic available for this service. The following figures for 1949 will serve as an indication of the work done.

Orthopaedic Treatment Attendances	...	...	371
Massage Attendances	...	...	1039
Ultra Violet Ray Clinic Attendances	...	...	2030

Dental.**MATERNITY AND CHILD WELFARE.**

The amount of dental work done under this scheme has been considerably reduced during the year and I am afraid that the prospects of improvement in the immediate future are not good. On April 23rd our Senior Dental Officer left to take up private practice in the town and on April 30th our last remaining Assistant Dental Officer left to join another Authority. Our complement of three full-time dentists was thus reduced to nil.

Every effort was made to recruit dental staff but we were unsuccessful and from April 30th until October 31st no dental treatment was carried out by the Local Authority under the Maternity and Child Welfare priority scheme. On October 31st we were successful in obtaining the part-time services of a dentist for three days per week. It will be realised, without comparing the figures for 1949 with those for 1948, that it has been impossible to provide an efficient dental service for mothers and young children during the year, but at least we have partly re-established the service and at the moment the most urgent cases are being dealt with.

The almost complete collapse of the scheme during the year has given cause for considerable concern. It is, however, a national problem which no single Local Authority can hope to solve satisfactorily. It is also under constant review by the Ministry and one can only hope that efforts at a higher level will point the way to a solution.

The following figures show the total attendances and the work carried out.

Mothers referred	...	...	...	...	28
Mothers' subsequent appointments	...	...	...	...	42
Ante-Natals, referred	...	...	...	...	44
Ante-Natals, subsequent appointments	...	...	...	...	25
					—
Total attendances (a)	...	...	...	...	139
Pre-school children referred	...	...	...	...	51
Pre-school children, subsequent appointments	...	...	...	...	13
					—
Total attendances (b)	...	...	...	...	64
					—
Total (a) and (b)	...	...	...	...	203
					—

Treatment.

Fillings: Permanent	...	...	...	...	28
Temporary	...	...	...	...	2
					—
Total	...	...	...	...	30
Extractions: Permanent	...	...	...	...	88
Temporary	...	...	...	...	92
Total	...	...	...	...	180
Dentures Fitted	...	...	...	...	16

Other Operations: Scaling	...	...	...	10	
Dressings, etc.	...	...	...	12	
X-rays	...	...	...	2	
Total	...	...	...		24
No. of administrations of nitrous-oxide for extraction	...	...	...	...	90

Midwifery.

The total number of births (live and still) was 1140, of which 688 occurred at home and 452 at nearby Maternity Homes and Hospitals. Of the institutional confinements 243 took place in the Rosemary Ednam Maternity Home.

In the case of domiciliary confinements 420 were attended by midwives alone, and in 211 cases a doctor also attended. In 171 cases Medical Aid was sent for, a percentage of 24.8 as against 41.4 in 1948.

The medical aid cases may be analysed as follows:—

On Account of Mother.

Torn perineum	...	...	...	56
Delayed Labour	...	...	...	6
Inertia	...	...	...	5
Abortion	...	...	...	11
Ante-partum haemorrhage	...	...	...	7
Post partum haemorrhage	...	...	...	7
Adherent placenta	...	...	...	2
Rise of temperature	...	...	...	1
Haemorrhage	...	...	...	6
Pyrexia	...	...	...	1
Malpresentation	...	...	...	6
Other conditions	...	...	...	22
				<hr/> 130 <hr/>

On Account of Baby.

Prematurity	...	...	...	5
Discharging Eyes	...	...	...	23
Other conditions	...	...	...	13
				<hr/> 41 <hr/>

The Council has a staff of municipal midwives sufficient to meet the needs of the Borough, and the service works smoothly and efficiently.

Gas and Air.

A Gas and Air Service for mothers during childbirth was inaugurated in the Borough on the 27th April, 1949. Previous to this all midwives employed by the Council were trained in the use of the gas and air apparatus and became qualified to use it. This new service makes available to any mother attended by the Council's midwives, analgesia during childbirth, if she so desires.

Seven sets of the apparatus were purchased by the Council and one was provided to each midwife who had a car. Through the good offices of the Chief Fire and Ambulance Officer the remainder have been stationed at the Fire and Ambulance Station and are delivered to any part of the town when required, on request by a midwife. The Chief Fire and Ambulance Officer has also kindly undertaken the supervision of the maintenance of the apparatus and the replacement of gas cylinders when required.

So far, the demand on this service has not been great but it is a new departure and one that should prove of great benefit to mothers in childbirth, and the inception of the service together with a fully trained staff of midwives brings the town into line with leading Public Health Authorities in the Country.

Premature Baby Service.

This is another new service inaugurated during the year. In the past, it has been the custom to transfer all premature babies requiring special care and attention to hospital, and in some cases these small and feeble infants did not stand up well to the journey. The new service obviates removal to hospital except in the most urgent cases and the babies can now be kept at home and looked after by the Council's midwives, all of whom have undergone a special course of training in the care of premature babies. On request by a midwife a special cot together with all the apparatus required for the special care of premature babies is delivered to the mother's house and left there as long as required.

Once again I have to thank the Chief Fire and Ambulance Officer for his co-operation in establishing this service. Two special cots each complete with all the apparatus required are kept available at the Fire and Ambulance Station and, as in the case of the gas and air apparatus, are delivered to any part of the town on request by a midwife.

In addition to this domiciliary service a special cot, excellently prepared and equipped by the Superintendent Nursing Officer, is kept at the Fire and Ambulance Station and is used for the conveyance to hospital by ambulance of any premature baby requiring hospital treatment.

This premature baby service is already proving its worth and although it has only recently commenced, cases have already arisen where I have no hesitation in saying that the infant's chances of survival have definitely been enhanced either by the complete avoidance of an ambulance journey, or by an ambulance journey under the best possible conditions.

Health Visiting.

The total number of visits by the Health Visitors during the year was 20,796 as against a total of 20,255 in 1948.

Visits to children under 1 year:—

(a) First Visits	...	...	...	...	1,119
(b) Total Visits	...	...	...	...	7,031
Visits to children between 1 and 5 years	...	...	...	...	9,797
Ante-natal Visits	...	...	...	...	298
Stillbirth Investigations	...	...	...	...	12
Infant Death Visits	...	...	...	...	54
Ophthalmia Neonatorum Visits	...	...	...	...	4
Miscellaneous Visits	...	...	...	...	2,481

The number of Health Visitors on the establishment of this Authority as at 31st December, 1949, was 14, categorised as follows:—

- 7 Qualified Health Visitors;
- 6 Student Health Visitors on Training Courses;
- 1 Student Health Visitor due to proceed on Training Course in 1950/51.

I would like to pay tribute to the work of the Health Visitors during the year. Since the inception of the National Health Service their work has embraced, not only the care of children but every member of the family, this in addition to the their work in the School Health Service and in Tuberculosis visiting. The efficiency of a Health Service depends to a great extent on the efficiency of the Health Visiting Service, and in this the Council is well served by our present nursing staff.

Home Nursing.

The Home Nursing Service, now an integral part of the National Health Service, continues to provide a very definite need in the community. The Service is provided by the Badley District Nursing Association as agents for the Council. The number of calls on the service during the year bears testimony to the demand which exists in the town. The service is supervised by the Matron, Miss Darby, and although shortage of staff has caused constant concern throughout the year, she has been able to meet all demands made for district nurses. The figures given are in respect of the period 1st January to the 31st December, 1949.

New Patients	...	...	...	...	267
Old Patients	...	...	...	...	366
Casual Visits	...	...	...	...	85
Total Visits to all patients	...	...	...	...	7,517
Loan of sick room equipment	...	...	...	...	46

Vaccination and Immunisation.

I commented in my Annual Report last year on the position with regard to vaccination under the National Health Service Act, 1946, and pointed out that although vaccination was no longer compulsory it was of the utmost importance that all parents should continue to have their children protected against smallpox. Vaccination returns for the first full year of the National Health Service shows that a total of 53 infants were vaccinated during the year, giving a vaccination rate of only 4.7 of the total birth rate for 1949. This is a very serious position and should a case of smallpox arise in the town there would be very grave danger of an outbreak of epidemic proportions. Protection against the disease is a simple matter and I can only repeat my previous warning that no parent should neglect to take this very elementary precaution.

Immunisation against Diphtheria continues to form a very great part of the work of the Health Department and I have already commented on the outstanding results already achieved.

The position with regard to immunisation against diphtheria is as follows:—

	Immunised during year	Total now immunised	Population (est.)	% now immunised
Children under 5 ...	725	2870	5424	52.9

Ambulance Service.

The following is a summary of the work of the Ambulances and Sitting-Case Cars for the period 1st January to the 31st December, 1949.

- No. of vehicles at 31st December, 1949.
Ambulances 5 Cars 4
- Total number of calls during the period 1st January to 31st December, 1949.
Ambulances 4,451 Cars 9,279
- Total number of patients carried during the period 1st January to 31st December, 1949.
Ambulances 2,487 Cars 2,468
- Total number of accident or other emergency calls included in column 2 during the period 1st January to 31st December, 1949.
Ambulances 857 Cars —
- Total Mileage during the period 1st January to 31st December, 1949.
Ambulances 27,955 Cars 56,124.

Care and After-Care.

This work has progressed satisfactorily during the year 1949 though as yet the service is still in its infancy. In my last Annual Report, I pointed out some of the outstanding difficulties encountered in this new undertaking. I am pleased to report these have now considerably diminished though it may be wise to point out that the scheme still concerns itself mainly with patients suffering from tuberculosis.

The number of these patients now receiving assistance and guidance in various forms has actually more than trebled in this period, but it is gratifying to note the sympathy and attention they are receiving from other Departments also. The greatest difficulty now is finding suitable pastimes or employment for those recovered sufficiently to undertake such tasks, but here the Rehabilitation Centre of the Ministry of Labour has given invaluable help and I would like to record my thanks to them.

The following statistics will probably be of interest:—

	1948	1949
Number of patients interviewed at the office	179	533
Number of patients visited at home ...	236	778
Number of patients visited in hospitals ...	42	42

Of the number of new patients notified approximately 95% were referred to the National Assistance Board for an additional allowance to that received from the Ministry of National Insurance.

There has also been a steady increase in the number of patients receiving Occupational Therapy.

Domestic Help Service.

This is another new service which is also expanding rapidly. The Council is now employing nine part-time domestic helps, and 44 cases were dealt with during the year. The appointment of whole-time personnel is now being considered.

Mental Health Service.

The following statistics relate to the work of the Mental Health Service in the community:—

Account of work undertaken in the community.

- (a) Under Section 28 National Health Service Act, 1946.
Prevention, care and after-care.

Contact has been made with many cases after discharge from Mental Hospitals, and satisfactory recovery has been maintained in most cases.

Visits have been made in many cases and advice has been given, which has resulted in action under the Lunacy and Mental Treatment Acts being unnecessary.

- (b) Under Lunacy and Mental Treatment Acts, 1890—1930, by Duly Authorised Officers.

Details of patients admitted under Lunacy Acts.

Method of Admission.	Hospital.	M.	F.	Ttl.
Section 20 L.A. 1890	New Cross Hospital, Wolverhampton	—	2	2
	Burton Road, Dudley	16	3	19
Section 21(1) L.A. 1890	Burton Road, Dudley	1	—	1
Section 16 L.A. 1890	Barnsley Hall, Broms- grove	6	4	10
	Powick, Nr. Worcester	3	2	5

Details of patients admitted under Mental Treatment Act, 1930:—

Section 1 M.T.A. 1930	Barnsley Hall, Broms- grove	12	12	24
	Powick, Nr. Worcester	1	—	1
	St. Georges, Stafford	1	—	1

(c) Under Mental Deficiency Acts, 1913—1938:—

1. Number of mental defectives ascertained to be “subject to be dealt with”:—

(a) Under Order:

In Institutions (including cases on licence):

	Males	Females	Total
Under 16 years of age ...	2	—	2
Aged 16 years and over ...	33	30	63

(b) Under Guardianship:

Aged 16 years and over ...	—	—	—
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(c) In “places of safety” ...	—	—	—
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(d) Under Statutory Supervision:

Under 16 years of age ...	16	18	34
Aged 16 years and over ...	27	28	55

(e) Waiting vacancies in Institutions	2	3	5
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2. Number of mental defectives not at present “subject to be dealt with” but for whom the Local Health Authority may subsequently become liable:—

	Males	Females	Total
Under Voluntary Supervision:			
Under 16 years of age ...	1	—	1
Aged 16 years and over ...	5	6	11

3. Number of Mental Defectives receiving training:—

(a) In day training centres:

Under 16 years of age ...	8	11	19
Aged 16 years and over ...	3	9	12

(b) At home ...	—	—	—
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4. Particulars of Mental Defectives ascertained during the year 1949:—

(a) Cases reported by Local Education Authorities (Sect. 57, Education Act, 1944):

(i) Under Section 57(3) ...	1	—	1
(ii) Under Section 57(5) ...	—	—	—

(b) Method of Disposal:

Admitted to Institutions (by Order) ...	—	—	—
Placed under Guardianship (by Order) ...	—	—	—
Placed under Statutory Supervision ...	1	—	1
Died or removed from Area	—	—	—
Action not yet taken ...	—	—	—

5. Of the total number of mental defectives known to the Local Health Authority:—

(a) Number who have given birth to children during 1949:

- (i) After marriage ... Nil
- (ii) Before marriage ... Nil

(b) Number who have married during 1949 ... Nil

(c) Number who have ceased to be under community care:—

	Males	Females	Total
Ceased to be under care ...	2	—	2
Died or removed from area	—	1	1

Training.

The Occupation Centre at 2a, Dixons Green, has continued to function satisfactorily, and the number attending has risen to a daily average of 30.

Much useful work is being done at the Centre in the difficult task of training mental defectives, and there is no doubt as to its value. In many cases difficult and almost uncontrollable children can be made amenable to discipline as well as acquiring a vocational training which gives them an interest and often a usefulness in life which otherwise would have little meaning for them. Only those who have visited the Centre will appreciate the painstaking work and the patience necessary to produce results which, in some cases, from a teaching point of view would be considered negligible but are often a great boon to the parents of these unfortunate children. Great credit is due to the staff at the Occupation Centre for the results achieved since the Centre was first opened in 1946. We are now taking cases from the Worcestershire County Council at the request of the County Medical Officer of Health.

I would like to express my appreciation to the ladies of the Voluntary Committee who have given such valuable assistance and contributed in no small measure to the happy running of the Centre. This is work which does not offer many attractions and for that reason their help is all the more appreciated. I hope we may continue to benefit by their services in the future.

Ambulance Services.

Transport for the conveyance of patients to hospitals has been provided by an ambulance or sitting-case car in all cases where required.

National Assistance Act, 1948, Section 47.

A widow, aged 76 years, was removed to Part III accommodation, being aged, infirm and living in insanitary conditions and unable to devote herself, and not receiving from other persons proper care and attention. Magistrates' Order for detention was made on the 8th June, 1949, for renewal every three months in view of the fact that she would not consent to remain voluntarily in Part III accommodation.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER.

To the Chairman and Members of the
School Medical and Attendance Sub-Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the School Health Service for 1949.

The work of the School Medical Department has been continued without incident during the year and I am happy to report a very satisfactory state of health among the school children of Dudley. There has been no serious outbreak of disease during the year and on the whole the incidence of infectious disease shows a marked reduction over last year. The nutrition of school children is a subject which has received increasing attention in recent years. I am satisfied that a satisfactory level of nutrition is being maintained among Dudley school children although, as I have said on a previous occasion, I do not place much reliance on the method of assessment used, which must always be dependent on the impression of the examining medical officer. The best that can be said for this method is that it gives us a rough standard for comparison with recent years and on this basis there is no downward trend in nutritional standards in Dudley.

With regard to particular aspects of the School Health Service, there are two matters which call for special comment. The first is one on which we may congratulate ourselves. I refer to the steady fall in the incidence of Diphtheria, the result of the Diphtheria immunisation campaign. Throughout the year only three cases of Diphtheria were notified among school children in the town. Last year I expressed satisfaction that there were only nine notifications, but these have been reduced by two-thirds during 1949. Provided that the present immunisation rate is maintained, and there is no reason to suppose that it will not be, the time is approaching when Diphtheria among our school children will be a thing of the past. One has only to peruse previous Annual Reports to appreciate the full significance of such an achievement.

The second matter is unfortunately not one for congratulation but for grave concern, viz. the almost complete collapse of our School Dental Service. For six months of the year the Dental Department ceased to function altogether and at the moment we have less than one-third of our full complement of Dental Officers. We are, therefore, unable to provide anything like an adequate dental service for the school children of the Borough. We are not alone in our trouble as practically every other Local Authority in the country is in the same position. As I have said in my report to the Health Committee, the problem cannot be solved locally but the continuation of the present position must inevitably be reflected in years to come, not only in our health statistics but in further financial burdens on the Health Service.

The National Health Service has now been in operation for eighteen months but has not had an appreciable effect on the working of the School Health Service. The success of the School Health Service depends now more than ever on the co-operation between the School Medical Service and the General Practitioners, and the continued success of our efforts in Dudley is, I feel sure, in no small measure due to the harmony in our relationship. It has always been my endeavour to stimulate this essential co-operation and the ready help and assistance I have always received from the general practitioners in Dudley has been a source of continual encouragement, since I took up my duties as School Medical Officer.

Before concluding, I would like to take this opportunity to express my appreciation of the confidence you have placed in me by appointing me as your School Medical Officer, a confidence I will endeavour to justify in years to come. I would like also to express my sincere thanks to the Chief Education Officer and his staff for their very real assistance and co-operation throughout the year, and lastly I cannot praise too highly the loyal service I have received from every member of the medical, nursing and clerical staff of the School Health Service.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

T. O. P. D. LAWSON,

School Medical Officer.

(1) **Routine Medical Inspections.**

I am glad to be able to report that the figures for routine examinations of school children have been well maintained during 1949 and 4,366 pupils have been examined. This figure includes 734 children who were of the 8—9 age group and who come under the heading of “other periodic inspections.”

The statutory requirements for school medical inspections are:—

- (a) On admission to a maintained school, i.e. at age 5—6;
- (b) During the last year of attendance at a primary school (age 11—12); and
- (c) During the last year of attendance at a maintained secondary school.

(2) **Special School Medical Inspections.**

Special school medical inspections have been held each term in addition to the statutory routine examinations, when children who have been noted at routine inspections to be in need of observation, advice, etc., are seen by the Assistant School Medical Officers. During 1949, 3,142 children within this category were re-examined.

(3) **Attendances at School Clinics.**

3,744 pupils attended at the School Clinics and were seen by School Medical Officers and advised or referred to the appropriate specialist as necessary. A doctor is in attendance at the Central Clinic daily from Monday to Friday each week from 9 to 10 a.m. for this purpose and parents are quick to avail themselves of the facilities provided.

There is a growing need for this service to be extended to other clinics in the Borough. Apart from the useful purpose this would serve it would save the long journey from outlying parts of the town which mothers have to undertake in order to bring their children to see a Medical Officer at the Central Clinic. The medical staff at the moment is insufficient to meet the extra clinic sessions that would be involved and I have hesitated to suggest additional staff for this purpose. However, it will be necessary to consider employing the services of another Assistant Medical Officer when the proposed new Clinic at Dudley Wood is opened and it may be possible then to extend the School Clinic to the Council's other clinics in the town.

(4) **Nutrition.**

Table IIB shows an improvement over the figures reported for the previous year and, whilst there is no completely satisfactory standard test system for the classification of the general condition of pupils inspected during the year and the figures must be accepted with some reserve, at the same time there does seem to be a noticeable trend towards an even better state of health amongst the school children of Dudley.

The table is drawn up according to the requirements of the Ministry of Education and perhaps gives a somewhat incomplete picture of the true state of affairs because, whilst it must always be remembered that the classification lies in the eye of the beholder, it may be said that the Ministry's heading of "Good" embraces many pupils whose condition is better than good and under the heading "Fair" are to be found children who would be generally considered to be average or normal.

Of the 4,366 children examined during the year, therefore, only 176 (or 4 per cent.) are considered to be below the normal standard of general nutrition to be expected amongst children of school age.

Every attention is given to these children in the way of treatment and advice with a view to improving their health and enabling them to obtain in as full a measure as possible the benefits of the education provided.

(5) **School Meals.**

The School Meals Service continues to give good service and on a day in December the number of school meals provided was 4,128. This maintains the satisfactory figure shown last year and undoubtedly contributes in great part to the maintenance and steady improvement in the nutrition of the children.

(6) **Ophthalmic Clinics.**

1949 was the first full year to show the working of the National Health Service in relation to the provision of spectacles for school children.

364 new cases of errors of refraction and 70 new cases of other defects or diseases of the eye were treated by the Council's ophthalmologist. In addition 652 pupils with old errors of refraction and 130 children with other eye defects were seen by the Specialist, making a total of 1,216 children treated at the Eye Clinic during the year.

Spectacles were prescribed for 843 pupils and the number actually issued during the year was 660 or 78.3%, so the National Health Service still has some leeway to make up before the figure of one hundred per cent., previously obtained under the Council's own scheme, is realised.

I commented in my last Annual Report on the importance of a priority scheme for school children and although it has not been possible to obtain an overriding priority the position with regard to the supply of spectacles to school children has generally improved during the year.

(7) **Diseases of the Ear, Nose and Throat.**

This Clinic continued to function during the year under review and 216 children received operative treatment at the Guest Hospital. A total of 440 pupils attended and were treated as necessary.

(8) Paediatric Service.

The Council's specialist in disorders and diseases of children has continued to hold two sessions per month. The sessions are held at the Priory Clinic, Cedar Road, Dudley, and 130 new cases were seen.

Children are normally referred to the Paediatrician by the Assistant School Medical Officers and the service is invaluable, by reason of the expert medical advice immediately available followed by prompt treatment where necessary.

Amongst the pupils seen during the year the following defects were found and the children received advice and treatment as necessary.

Table I.

Skin	...	...	...	...	2
Otitis Media	...	...	...	...	4
Nose and Throat	...	...	...	...	12
Cervical Glands	...	...	...	...	8
Heart and Circulation	...	...	...	...	35
Lungs	...	...	...	...	6
Developmental	...	...	...	...	2
Orthopaedic	...	...	...	...	14
Nervous System:					
Epilepsy	...	...	...	...	4
Other	...	...	...	...	14
Psychological:					
Development	...	...	...	...	2
Stability	...	...	...	...	5
Other defects or diseases	...	...	...	...	37
Total					145

It will be noted that 145 defects were found in 130 children.

(9) Infectious Disease.

Details concerning notifications of infectious diseases received in respect of school children are given below:—

I have already drawn attention to the very satisfactory position with regard to the incidence of diphtheria which is reaching negligible proportions among the school children in Dudley. There were no deaths from the disease among the three cases notified. Measles and Scarlet Fever have shown an appreciable drop as compared with 1948. There has been an increase in the number of cases of Whooping Cough.

Age Group.	Measles.		Diphtheria.		Scarlet Fever.		Whooping Cough.	
	M.	F.	M.	F.	M.	F.	M.	F.
5—10 ...	87	81	1	1	9	8	25	39
10—15 ...	2	1	1	—	2	4	—	1

(10) Tuberculosis.

The following notifications of tuberculosis in children of age groups 5—15 have been received. There is an increase of three pulmonary cases and a decrease of three non-pulmonary cases as compared with the figures for 1948.

				Males.	Females.	Total.
Pulmonary	...	...	...	3	3	6
Non-Pulmonary	...	...	...	1	1	2

The number of children in the age group 5—15 on the tuberculosis register at the end of the year was:—

				Males.	Females.
Pulmonary	...	...	...	10	10
Non-Pulmonary	...	...	...	11	10

I commented in my last Annual Report on the importance of establishing a mass miniature radiography service for school leavers in order to detect early cases of tuberculosis. It has not been possible, however, to put this into practice owing to the very limited availability of apparatus, but I am awaiting information from the Regional Hospital Board regarding this service which, I hope, will be established in the near future.

(11) Orthopaedic Clinic.

This clinic, which is held at the Council's Central Clinic under the direction of the Royal Orthopaedic Hospital, Birmingham, continues to deal with large numbers of crippled children, many of whom attend from outlying districts and surrounding Boroughs. The Orthopaedic Surgeon holds a monthly clinic and a nursing team attends weekly on Fridays to carry out the treatments prescribed.

The Physiotherapy Department at the Central Clinic also functions under the direction of the Royal Orthopaedic Hospital and sessions are held every day under the charge of a trained physiotherapist.

Orthopaedic Clinic—Attendances 1949.

Number of attendances at Surgeon's Sessions	...	217
Physiotherapy—total attendances	...	2856

(12) Sunlight Clinic.

The Council's Artificial Sunlight Clinic continued to treat pupils referred for artificial sunlight therapy and there was a total of 1,637 attendances.

(13) West Malvern Open Air Council School.

60 children attended the above school during 1949. The pupils attend for a term of 11 weeks each and results continue to be uniformly satisfactory.

(14) **Rotary Boys' House, Weston-Super-Mare.**

I am most grateful to the Dudley Rotary Club, which provides a free fortnight's holiday for 24 boys each year.

The boys selected are those convalescing, or otherwise in need of a recuperative holiday by the sea, and the sea air, with good food and regular meal times, combines, with the community spirit of the House itself, to provide a welcome and inspiring change of air and surroundings for boys who might otherwise not get a holiday away from home.

(15) **School Dental Service.**

As I have stated in my introduction to this report, we have seen during the year the almost complete collapse of our School Dental Service. On April 23rd our Senior Dental Officer, Mr. A. W. Stafford, left to take up private practice in the town, to be followed on April 30th by our one remaining Assistant Dental Officer, who left to take up a similar appointment with another Authority. In spite of advertisements in the press and professional journals it proved impossible to replace the dental staff and the School Dental Service ceased to function for the next six months. On October 31st we were fortunate in obtaining the services in a part-time capacity of Miss D. M. Badham, L.D.S., so that the dental service has been partly resuscitated. Miss Badham attends on three days per week. In addition, as a result of an appeal to the local dental practitioners in the town, Mr. Stafford, our former Senior Dental Officer, and his senior partner, Mr. S. Rowley, very kindly agreed to carry out a dental clinic session on one morning per week at the Priory Clinic. These sessions started in November and have been of valuable assistance. I am indeed grateful to Mr. Rowley and Mr. Stafford for their ready co-operation and their kindness in answering my appeal to keep the dental service in operation.

Probably the severest criticism one could level at the National Health Service is the concentration on the curative services. Preventive medicine has been relegated to the background and nowhere is this more apparent than in the dental service. Dentistry may be said to be a predominantly curative service, but the School Dental Service since its inception has always been an essentially preventive branch of medicine. With our sadly depleted dental staff our School Dental Service has reverted to an almost entirely curative role, albeit an ^{an}adequate one. The basis of the service, viz. the routine dental inspection of children in our schools, is inevitably being neglected. At the moment, one morning per week is being devoted to this part of the work. The consequences are obvious. Criticism of the rising costs of the dental service is met by the argument that the demand on the service will gradually diminish. I fail to see the point of this argument. If the School Dental Service is allowed to disintegrate, the number of pupils leaving school each year with defective dentition is going to increase, thereby putting an ever increasing demand on the dental services of the country, and what is more important, at an age when the patient's treatment will be much more costly than it would have been during school years, when adequate preventive

measures could have been undertaken. Surely it is wiser to spend a few thousands on the School Dental Service than millions on the supply of false teeth. Prevention is better than cure. It is also cheaper.

Miss Badham has only been with us for a short time but she has already been able to report on the far from satisfactory dental state of the school children in Dudley. Where, under normal conditions, conservative dentistry would have been sufficient for the needs of the children, extraction of teeth has become necessary in the majority of cases dealt with at the clinic, in other words conservative dentistry is being replaced by dental extraction and what is left of the School Dental Service is becoming merely an agency, not for the preservation but for the removal of teeth. This is a sad reflection on what was formerly one of the most important preventive services in child health provided by the Local Authority, and the damage already done cannot yet be fully assessed.

The record of work done during the year is shown in Table IV. The orthodontic work shown was done during the first quarter of the year, and was later suspended owing to the acute shortage of dental staff.

(16) **Work of the School Nurses.**

All nurses doing school work are also health visitors and this is one of the best features of the service, since the nurse knows the child and his home background before he enters school. The health visitor has in the meantime become a trusted adviser to the family in matters affecting health and hygiene, and is therefore very well qualified to lead and direct the child and to advise his teacher, when this is necessary, on matters concerning the child's physical welfare in school.

The work has been carried out with unfailing efficiency and discretion and has continued to contribute in marked degree to the present very satisfactory state of the health of the school child in the Borough.

Head inspections proceeded during the year and 22,959 children were examined for this purpose, of whom 3,777 were found to be infested or re-infested, and the necessary steps were taken to ensure that the children requiring such treatment were cleansed.

Although there are exceptions to the rule, infestation is generally found to be a family affair and recurrences are frequent amongst children who have been cleansed.

The work of the school nurses generally is of the utmost value and is a prime feature of the success of the School Health Service.

(17) **Employment of Children and Young Persons.**

During the year 122 school children were examined as to fitness for employment before or after school hours in the delivering of papers, etc., and a certificate of fitness was given in each case.

These children continue to be kept under medical observation at the school medical inspections and the part-time employment does not appear to be in any way prejudicial to their physical or mental welfare.

11 girls were examined as to fitness for employment as juvenile dancers.

All school leavers were examined and were advised, in the light of their known medical histories, as to any types of work for which they may have been found to be physically unsuitable, and good liaison was maintained with the Youth Employment Officer in this respect.

(18) **Speech Therapy.**

I have been fortunate in obtaining the part-time services of a second Speech Therapist, and Mrs. L. E. King, B.A., L.C.S.T., commenced duty in July, 1949.

Each speech therapist attends for four half-days weekly and the eight sessions thus given to this work are providing an adequate speech therapy service for the Borough.

During 1949, 411 pupils received treatment in a total of 1,034 lessons and I commend this work to your notice as a good example of the services now being offered by the School Health Service in Dudley.

(19) **Child Guidance Clinic.**

It gives me very great pleasure to report that arrangements were made late in the year for Dr. J. J. Graham, Medical Director, Worcestershire Child Guidance Clinics, to see and treat Dudley children at his Child Guidance Clinic at Oldbury, and already the School Health Service is beginning to feel the benefits of this invaluable assistance.

I am looking forward with every confidence to a very much improved Child Guidance Service in the future and am greatly indebted to Dr. Graham for his willing co-operation in so gladly helping me with Dudley children who are in need of guidance.

My most sincere thanks are due also to Dr. Andrew Shepherd, Medical Superintendent, Barnsley Hall Hospital, for all the kind assistance he has so willingly given in the past.

Ten children were seen at Child Guidance Clinics during the year.

(20) **Handicapped Children.**

The ascertainment of handicapped pupils has continued during the year and 69 children have been examined for the purpose of ascertaining whether or not they are suffering from a disability of mind or body, and, if the disability is such as to cause the child to fall within a category requiring special educational treatment as prescribed by the Handicapped Pupils and School Health Service Regulations, 1945.

Of the 69 pupils examined during 1949:—

- 1 has been ascertained to be partially deaf.
- 2 have been ascertained to be delicate.
- 47 have been ascertained to be educationally sub-normal.
- 1 has been ascertained to be maladjusted.
- 1 has been ascertained to be physically handicapped.
- 16 have been found fit for education in an ordinary school.
- 1 has been reported to the Local Authority under the Mental Deficiency Acts.

I have been informed by the Chief Education Officer that the school for educationally sub-normal children at present in course of preparation will be opened during 1950. This will be a great asset in this important work in which I look forward to a period of real progress once the new school is opened. In the past the benefit to the child of ascertainment has been limited by the availability of vacancies in schools outside the Borough and the Council is to be congratulated in making provision for these educationally backward children in their own town.

STATISTICAL TABLES, 1949.

Table I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. Periodic Medical Inspections.

Number of Inspections in the prescribed Groups:—

Entrants	1419
Second Age Group	1241
Third Age Group	972
	<hr/>
Total	3632
	<hr/>
Number of other Periodic Inspections ...	734
	<hr/>
Grand Total ...	4366
	<hr/>

B. Other Inspections.

Number of Special Inspections	3744
Number of Re-Inspections	3142
	<hr/>
Total	6,868
	<hr/>

C. Pupils Found to Require Treatment.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	41	126	162
Second Age Group ..	105	201	299
Third Age Group ..	32	67	98
Total (prescribed groups)	178	394	559
Other Periodic Inspections	47	73	117
Grand Total	225	467	676

Table II.

A. Defects found by Medical Inspection.

Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Skin	30	29	87	28
Eyes—(a) Vision ..	225	116	143	72
b. Squint ..	14	10	7	6
c. Other ..	9	5	56	33
Ears—(a) Hearing ..	3	1	25	12
b. Otitis Media ..	6	21	69	17
c. Other ..	2	4	35	17
Nose or Throat ..	200	145	307	156
Speech	11	13	19	15
Cervical Glands ..	7	118	15	63
Heart & Circulation	10	43	17	101
Lungs	25	90	83	123
Developmental—				
a. Hernia ..	5	5	2	3
b. Other ..	5	14	6	6
Orthopaedic—				
a. Posture ..	16	12	8	16
b. Flat Foot ..	22	4	18	5
c. Other ..	31	15	36	22
Nervous System—				
a. Epilepsy ..	4	8	4	8
b. Other ..	10	7	52	21
Psychological—				
a. Development	8	4	13	17
b. Stability ..	2	12	9	9
Other	47	87	122	153

B. Classification of the General Condition of Pupils Inspected during the year in the Age Groups.

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	1419	731	51.5	643	45.3	45	3.2
Second Age Group	1241	417	33.6	733	59.0	91	7.4
Third Age Group	972	432	44.4	515	53.0	25	2.6
Other Periodic Inspections ..	734	338	52.0	381	46.0	15	2.0
Total	4366	1918	44.0	2272	52.0	176	4.0

Table III.

INFESTATION WITH VERMIN.

- (i) Total number of examinations in the schools by the school nurses or other authorised persons 22959
- (ii) Total number of **individual** pupils found to be infested 3777
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) 1848
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) Nil

Table IV.

TREATMENT TABLES.

GROUP I—Minor Ailments (excluding Uncleanliness).

(a)	Number of Defects treated, or under treatment during the year.
Skin—	
Ringworm—Scalp	
(i) X-Ray treatment	5
(ii) Other treatment	4
Ringworm—Body	6
Scabies	2
Impetigo	209
Other skin diseases	39
Eye Disease (External and other, but excluding errors of refraction, squint and cases admitted to hospital)	290
Ear Defects	437
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	2968
Total	3960

(b) Total number of attendances at Authority's Minor Ailments Clinics 9217

GROUP II—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group I).

	No. of defects dealt with.
Errors of Refraction (including Squint) ...	364
Other defect or disease of the eyes (excluding those recorded in Group I)	70
Total ...	434

Number of pupils for whom spectacles were:—

(a) Prescribed	843
(b) Obtained	660

(7) Extractions: Permanent Teeth	...	...	552
Temporary Teeth	...	...	1946
			<hr/>
	Total	...	2498
			<hr/>
(8) Administration of general anaesthetics for ex- traction	...	...	1365
(9) Other Operations: (a) Permanent Teeth	...		476
(b) Temporary Teeth	...		55
			<hr/>
	Total (a) and (b)		531
			<hr/>

Table VI.**SUNRAY CLINIC.**

Number of children receiving ultra-violet ray therapy	260
Number of attendances	1637

**ANNUAL REPORT OF THE CHIEF SANITARY
INSPECTOR AND CLEANSING SUPERINTENDENT
FOR THE YEAR ENDED 31st DECEMBER, 1949.**

To the Mayor, Aldermen and Councillors of the County Borough of Dudley.

Mr. Mayor, Ladies and Gentlemen,

This is my fifth Annual Report and in presenting it I pay tribute to all the members of the staff who have worked so well and conscientiously throughout the year, because although it may be the report of the Chief Sanitary Inspector it is in fact a report of the work which has been done in the Department as a whole. It is my hope that whilst it is a factual report, it will, at the same time, be interesting to read and will indicate reasonably well the progress which has been made during the year 1949.

One very pleasing feature to my mind was the resolution of the Health Committee to sponsor the Dudley Food Traders Guild. This is a combined effort on the part of the Council and the Food Traders Organisations to get together in a drive for cleaner food premises and food handling. The policy is obviously based on a long term process but nevertheless at the time of writing this report it is possible to see many great improvements brought about through the effort of the Guild.

Finally I should like to place on record my appreciation of the help which I have received from Dr. T. O. P. D. Lawson, the Medical Officer of Health, from other departmental officials and particularly from the Chairman and Members of the Health Committee.

I am,

Ladies and Gentlemen,

Yours obediently,

W. PARKER,

Chief Sanitary Inspector and
Cleansing Superintendent.

INSPECTION OF FOOD, SAMPLING OF FOOD AND SUPERVISION OF FOOD PREMISES.

The first section of the report is devoted to work connected with food. Whilst the housewife's problem of shortage is being reduced the sanitary officers' difficulties seem to be the same, if not increased.

It would be wrong to give the impression that progress is not being made but it would also be wrong to give the impression that progress is automatic.

Strange though it may seem, the greatest difficulty lies in persuading food handlers that scrupulous cleanliness and correct handling is essential, so much so that it is in my experience necessary for an inspector to spend a considerable amount of time educating staff in food premises during a tour of inspection. It is not sufficient to tell a man he is wrong but also to tell him why and how to remedy his mistakes.

Many structural improvements have taken place although much of this work is hampered because of licensing and material shortage difficulties. In spite of these, however, it is pleasing to report that in many food premises improvements have come along fairly consistently during the year.

Food sampling has been steady and comprehensive and perusal of the section dealing with it shows that in the majority of cases manufacturers are producing articles of genuine food value.

Inspection of Meat.

There was no change in the policy of centralised slaughtering during the year and at the two bacon factories operating in the Borough on behalf of the Ministry of Food, 2,202 pigs were notified for slaughter under the Public Health (Meat) Regulations, 1924. The corresponding figure in 1948 was 717. All the carcasses were nevertheless inspected, as were 247 private pigs killed at other premises.

The following table gives particulars of carcasses and organs unfit for consumption and tabulates causes for condemnation and so far as pigs inspected at bacon factories are concerned.

All Diseases except Tuberculosis:

Whole carcasses condemned	...	...	...	...	4
Carcasses of which some part or organ was condemned	...	...	...	...	246
Percentage of the number inspected affected with disease other than tuberculosis	...	...	...	...	11.35%

Tuberculosis only:

Whole caracases condemned	...	...	...	...	7
Carcases of which some part or organ was condemned	...	...	...	...	176
Percentage of the number inspected affected with the disease	...	...	...	...	8.3%

Carcases or Parts and Offals condemned:

Carcases	11
Heads	...	...	...	...	...	129
Lungs (sets of)	...	...	...	...	...	233
Livers	...	...	...	...	...	101
Hearts	...	...	...	...	...	72
Kidneys	...	...	...	...	...	51
Mesenteries	...	...	...	...	...	69
Intestines and Stomachs	...	...	...	...	...	42
Spleens	...	...	...	...	...	16
Part carcases	...	...	...	...	...	9

Diseases:**Weight of Meat
condemned (lbs.)**

Tuberculosis	...	...	...	...	...	4160 $\frac{1}{2}$
Pneumonia	...	...	...	...	...	277
Pericarditis	...	...	...	...	...	45 $\frac{3}{4}$
Pleurisy	...	...	...	...	...	71 $\frac{1}{2}$
Congestion	...	...	...	...	...	119 $\frac{1}{2}$
Cirrhosis	...	...	...	...	...	112
Fatty Liver	...	...	...	...	...	23
Abscesses	...	...	...	...	...	39
Peritonitis	...	...	...	...	...	39
Arthritis	...	...	...	...	...	3
Cysts	...	...	...	...	...	75 $\frac{1}{2}$
Melanosis	...	...	...	...	...	2 $\frac{1}{2}$
Pyæmia	...	...	...	...	...	176
Hepatitis	...	...	...	...	...	3
Tumour	...	...	...	...	...	14
Nephritis	...	...	...	...	...	15 $\frac{1}{2}$
Moribund Carcase	...	...	...	...	...	130
Emaciation	...	...	...	...	...	60
Immaturity	...	...	...	...	...	16 $\frac{1}{2}$
Angiomatosis	...	...	...	...	...	1 $\frac{1}{2}$

Total weight of meat condemned: 5384 $\frac{3}{4}$ —2 tons 8 cwts. 8 $\frac{3}{4}$ lbs.

Visits to Slaughterhouses	...	...	...	146
Visits for inspection of private pigs	...	...	...	257

INSPECTION OF OTHER FOODS.

During the year the District Inspectors made 187 visits to food premises for the purpose of food inspection, other than meat inspection.

The following foodstuffs were condemned:—

	Total.
Apple Puree (tins)	17
Bacon (lbs.)	116 $\frac{3}{4}$
„ (tins)	2
Butter (lbs.)	86 $\frac{1}{4}$
Beans (tins)	139
Biscuits (lbs.)	22
Baking Powder (lbs.)	$\frac{1}{4}$
Beetroot (tins)	117
Breakfast spread (jars)	1
Carrots (tins)	23
Cereals (lbs.)	56
Chitterlings (lbs.)	16
Eggs	36
Cheese (boxes)	35
Cereals (pkts.)	46
Cheese (lbs.)	100
Eggs (dried) tins	1
Fowl	2
Fish Paste (jars)	2
„ „ (tins)	136
Flour (lbs.)	15
Flour (pkts.)	14
Fish (lbs.)	160
Fish (tins)	566
Fruit (bottles)	360
Fruit (tins)	210
Grapefruit Juice (tins)	8
Hors d'oeuvres (tins)	2
Honey (tins)	1
Jam (tins)	47
Jam (jars)	9
Meat and Vegetable Ration (tins)	15
Mixed Vegetables (tins)	31
Marmalade (tins)	38
„ (jars)	1
Mincemeat (jars)	2
Meats (tins)	349
Meat (lbs.)	127 $\frac{1}{2}$
Meat Paste (tins)	2
Milk (tins)	1453
Orange Juice (tins)	12
Olives (barrels)	34
Peas (lbs.)	329
Peas (tins)	324
Piccalilli (jars)	1
Pickles (jars)	36
Puddings	248
Puddings (tins)	13

				Total.
Puddings (pkts.)	...	...	...	15
Parsnips (tins)	...	...	...	7
Potatoes (tins)	...	...	...	1
Rabbits (tins)	...	...	...	2
Rabbits	...	...	...	1
Salt (pkt.)	...	...	...	1
Salad Cream (jars)	...	...	...	3
Sauce (bottles)	...	...	...	3
Sausage (tins)	...	...	...	5
„ (lbs.)	...	...	...	85 $\frac{1}{4}$
Spaghetti (tins)	...	...	...	55
Syrup (tins)	...	...	...	16
Soups (tins)	...	...	...	82
Stews (tins)	...	...	...	73
Stewed Steak (tins)	...	...	...	1
Spinach (tins)	...	...	...	1
Tomato Juice (tins)	...	...	...	96
Tomato Puree (tins)	...	...	...	10
Tomato Paste (tins)	...	...	...	1488
Tomatoes (lbs.)	...	...	...	560 $\frac{1}{2}$
„ (tins)	...	...	...	260
Whalemeat (tins)	...	...	...	85

MILK SUPPLIES.

A considerable number of regulations affecting milk supplies came into operation on the 1st October. To some extent the provisions of the regulations were identical with similar powers which had been given to Local Authorities under previous Orders, but one important fact was that sterilised milk became, for the first time, a designated milk for which a licence was necessary under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The work involved in the inspection of premises, and the issuing of the necessary licences was considerable, as it was found that 153 premises in this Borough were retailing sterilised milk.

As from the 1st October, the control of cowsheds passed from the Local Authority to the Ministry of Agriculture and Fisheries. This transfer of function had no effect in so far as this Borough was concerned, as there were, at that time, only 3 cowsheds in the Borough.

Regular inspections of Dairies were carried out during the year, and the standard of cleanliness was again high and there were no instances in which it was necessary to serve notices on occupiers.

SAMPLING FOR CHEMICAL ANALYSIS.

As will be seen from the list below, samples were taken from a wide range of commodities and of the 62 formal and 211 informal samples taken during the year, adverse report were made on only 19.

It was only felt necessary to take proceedings in respect of one sample, and the proceedings failed, and the case was dismissed by the Magistrates and costs were awarded against the Corporation.

During the year the Corporation acceded to a request from the Ministry of Food to take ice cream samples to establish fat content, and as will be seen from the table 59 samples were taken, the results of which were communicated to the Ministry. Fat content showed a very wide variation, and it is to be hoped that the time is not far distant when a legally enforced standard will apply to ice cream.

The actual samples taken during the year were as follows:—

Commodity	In-formal	Formal	Commodity	In-formal	Formal
Bicarbonate of Soda ..	1	—	Vinegar	1	—
Breadcrumbs	1	—	Yankee Relish	1	—
Butter	1	—	Batter Flour	1	—
Brandy	—	1	Cough Sweets	1	1
Cakes	3	—	Candy Floss	1	—
Camphorised Oils ..	1	—	Carraway Seed	1	—
Candied Peel	2	—	Baking Compound ..	1	—
Chemical Food	1	—	Pure Vegetable Charcoal		
Chest and Lung Mixture..	1	—	Tablets	1	—
Chutney	1	—	Noodles	1	—
Coffee	2	—	Marjoram	1	—
Coffee Extract	7	1	Pink Pills	1	—
Compound Lemon, Glycerine and Honey Mix.	1	—	Cookie Malt	1	—
Cooking Oil and Fat ..	2	3	Semolina	1	—
Cough Mixture	1	—	Meat Paste	2	—
Cough Syrup	1	—	Apple Puree	3	—
Custard Powder	1	—	Chicken and Veal in Aspic	1	—
Dried Onions	1	—	Crab Paste	1	—
Fish Paste	1	—	Ginger Wine Essence ..	1	—
"Frooty" Tablets	—	1	Balsalm of Aniseed ..	1	—
Gelatine	4	—	Glace Cherries	1	—
Gin	—	3	Fruit Malt Syrup	1	—
Glycerine	1	—	Sweets	5	1
Gravy Browning	1	—	Peanut Butter	2	—
Gravy Powder	1	1	Cherry Wine	—	1
Ground Ginger	1	—	Rose Hip Syrup	1	—
Horseradish Sauce ..	1	—	Potato Crisps	5	—
Ice Cream	59	—	Honey	1	—
Jam	5	—	Sulphur Tablets	1	—
Jelly	2	—	Banana Flavouring ..	1	—
Laxatives	1	—	Travel Sickness Tablets ..	1	—
Lemonade Crystals ..	2	—	Head, Nerve and Limb		
Liquid Paraffin	2	—	Powders	1	—
Macaroni	1	—	Pudding Powder	1	—
Malt Vinegar	1	—	Chocolate Spread ..	1	—
Malt Tablets	1	—	Sage and Onion Stuffing ..	1	—
Margarine	1	—	Sweetening Tablets ..	1	—
Menthol Pellets	1	—	Yeast Vite Tablets ..	1	—
Milk	—	34	Mineral Waters	1	—
Mint Suace	3	—	Melvet	1	—
Mustard	1	—	Oatrex	1	—
Olive Oil	4	—	Meat Pie	1	—
Pepper	1	—	Sausage Rolls	3	—
Piccalilli	1	—	Pork Pie	3	—
Pickles	2	—	Faggots	2	—
Rum	—	3	Biscuits	1	—
Salad Dressing	4	1	Curry Powder	1	—
Sauce	4	1	Rhubarb	1	—
Sausage	7	2	Whisky	—	6
Strawberry Flavouring ..	1	1	Sherry	—	1
Sweet Pickles	1	—	Orange Wine	1	—
Tomato Juice and Sauce..	3	—	Asprin Tablets	1	—
			Pastry Mix	1	—

SAMPLING OF MILK FOR BACTERIOLOGICAL EXAMINATION.

Routine sampling of milk for bacteriological analysis continued during the year and the number of samples submitted to the Bacteriologist was 377.

As will be seen from the table given, the general standard of cleanliness was good and there is little that calls for comment in connection with this side of the Department's work.

BACTERIOLOGICAL EXAMINATION OF MILK.

Samples.	(a) BACTERIOLOGICAL CONTENT.										(b) Phosphatase Test.	(c) Turbidity Test.		(d) Tuberculosis Test.	(e) Phenol Phthalein Test		
	No. taken for		Methylene Blue Reduc- tion Test.		Coliform Organisms present in			Coliform Organisms absent from									
	Bact. exam. (a)	T.B. test (b)	Satis.	Unsat- is.	1 — 10 c.c.	1 — 100 c.c.	1 — 1000 c.c.	1 — 10 c.c.	1 — 100 c.c.		Satis.	Unsat- is.	Neg.	Pos.	Neg.	Pos.	
Pasteurised ..	67	—	60	7	—	—	—	—	—	65	2	—	—	—	2	65	2
T.T. Pasteurised	53	—	46	7	—	—	—	—	—	51	2	—	—	—	2	51	2
Accredited ..	16	1	11	5	—	10	—	—	3	—	—	—	—	1	—	—	—
Sterilised ..	101	—	86	—	—	—	—	—	—	—	—	101	—	—	—	—	—
Undesignated Milk ..	140	18	112	28	27	11	39	44	—	—	—	—	17	1	—	—	—
TOTALS ..	377	19	315	47	27	21	39	44	3	116	4	101	—	18	1	116	4

As from October 1st, Methylene Blue Tests on Sterilised milks were discontinued, as were Coliform tests on Accredited and Undesignated milks.

ICE CREAM.

There were no new registrations during the year of premises used for the manufacture of ice cream. The 16 premises so registered in the Borough were visited on frequent and regular occasions and it is again pleasing to report that proprietors generally co-operated to the full with the District Inspectors and were at all times willing to take the advice offered.

The total number of premises in the Borough selling ice cream was 129.

The District Inspectors made 176 visits to ice cream premises during the year and 126 samples were taken and submitted for bacteriological examination. The following table gives a summary of the results of the samples submitted:—

	Type of Mix.	No. of samples taken	Grade 1	Grade 2.	Grade 3.	Grade 4.
Produced in Dudley	Heat treated	47	21	7	11	8
	Not heat treated	3	1	1	—	1
Not Produced in Dudley	Heat treated	76	27	19	14	16
	Not heat treated	—	—	—	—	—
	Totals	126	49	27	25	25

Key: Grade 1—Good. Grade 2—Fairly good.
 Grade 3—Poor. Grade 4—Unsatisfactory.

SUPERVISION OF FOOD PREMISES.

Work under this heading continued to increase during the year and I am still of the opinion that legislation is not adequate to cope with the problem and that far too much unprotected food is still on sale in shops. It may well be that the year brought little improvement in the supply of material for wrapping purposes but I feel that the time is rapidly approaching when force of public opinion will make it essential for foodstuffs, as far as possible, to be wrapped.

During the year a Food Traders Guild was inaugurated in Dudley, the principle objective of which was to ensure, on a co-operative basis as between the Corporation and the food trade generally, an increased awareness of the necessity for clean food in all its stages of production and distribution.

The Advisory Committee which was set up during the year functioned very effectively and I am hopeful that the combined efforts of the Corporation and the more enlightened members of the Food Traders Guild, will achieve the desired results.

Towards the end of the year the Ministry of Food issued model Byelaws relating to the handling, wrapping and delivery of food and sale of food in the open air. Local Authorities were urged by the Ministry to adopt the Byelaws as quickly as possible. The Model Byelaws contained important provisions relating to the handing of food and I have no doubt that they will be in operation in Dudley during the year 1950.

The following visits were made to food establishments in the Borough during the year:—

General Food Shops	...	...	...	...	149
Food Preparing Premises subject to registration					42
Canteens	...	...	...	...	40
Restaurants	...	...	...	...	37
Bakehouses	...	...	...	...	49
Fried Fish Shops	...	...	...	...	55
Butchers Shops	...	...	...	...	26

Fourteen notices were served and 18 were complied with during the year.

OVERCROWDING AND HOUSING.

It is becoming more common for owners of cottage property to visit the office and ask for Demolition Orders to be made in respect of their property.

The difficulties are very real. Structurally hundreds of these dwelling houses are worn out. It is not only that they do not comply with reasonable standards of habitation, but in addition to all this, they are beyond the stage of reasonable repair. The old adage of the Englishman's home being his castle does certainly not fit these houses. Many were scheduled for clearance 12 years ago and their condition to-day has to be seen to be believed.

The Health and Housing Committees have realised the seriousness of this for some time and the policy adopted has resulted in some measure of improvement. It is necessarily slow but it is a movement in the right direction and I hope the time will not be too far distant when acceleration will be evidenced.

OPERATION OF THE HOUSING ACT, 1936.

Section 9—Repairs.

It was felt that the time was not opportune during the year for extensive repairs and reconstruction to existing premises and accordingly no inspections in this section were made.

Section 11—Demolition Orders.

The resolution of the Council whereby a fair percentage of new houses was allocated to tenants from individual unfit houses resulted in a greatly increased number of representations during the year.

The realistic attitude adopted by the Council in this matter at a time of acute housing shortage helped considerably in the removal of dangerous and semi-dangerous houses and its continuance in 1950, will, I feel sure, go a long way towards eliminating the type of house which can reasonably be said to be

dangerous to live in. The number of houses represented during the year was 102. 110 Demolition Orders were made and 30 houses were demolished. The number of houses demolished does not appear to be very large, but it should be borne in mind that demolition of void houses in many instances was only partially complete at the end of the year and the figure given relates only to houses completely demolished and sites cleared. The total number of individual unfit houses demolished under the Housing Act now numbers 1,032.

The District Inspectors made 420 visits to Section 11 properties during the year.

Section 12—Closing Orders.

One Closing Order was made during the year and one house on which a Closing Order had previously been made was demolished.

Sections 25 and 26—Clearance Areas.

Unfortunately it was not possible to resume Slum Clearance during 1949 owing to the continuing shortage of houses. Nevertheless it was possible to continue with the re-housing of families from the Rayboulds Fold and St. Giles Street areas and at the end of the year very little rehousing remaining to be done. The number of houses demolished during the year was 44, which brings the total of houses demolished in Clearance Areas to 1,706. The District Inspectors made 406 visits to properties in Clearance Areas during the year.

Rehousing.

The following cases from the Department's lists were re-housed:—

No. of cases rehoused because of overcrowding	53
No. of cases rehoused because of Tuberculosis	18
No. of cases rehoused because of special health features ...	19
No. of families rehoused from houses on which a Demolition Order or Closing Order was operative	57
No. of families rehoused from Clearance Areas	15
	<hr/>
Total ...	162

SANITARY ADMINISTRATION.

This section of the report is confined entirely to items such as inspections of dwellinghouses within the limits of the Public Health Act, factory inspections and water supplies. With regard to the latter item it is still a matter of regret that there are many houses having a common water supply in common washhouses and also many others where the occupants have to share stand taps in the open air in common use. No endeavour has been made to have supplies placed in individual houses in these cases, because the houses in question are scheduled for future demolition and it is not considered reasonable to ask owners to spend large sums of money on a short term policy.

As always the Inspectors were called upon to carry out very many inspections of houses following complaints, the only unsatisfactory aspect of this is that much of the work is still of a "make do and mend" character and very often fails to give

satisfaction to either the department or the tenant even when the work is completed. In spite of this it is very necessary work affecting the personal comfort of the tenant in most cases and does occupy a considerable amount of time for inspection and supervision of the work when in progress.

It is impossible to itemise all the work which was done but a list is given showing the more important items dealt with and even this list is a fairly large one.

Particulars of Inspections.

Routine work continued under the Public Health Act, 1936, and during the year 969 inspections and 3,079 re-inspections were made. The number of nuisances or defects recorded was 2,200 and the number remedied 2,177.

The number of preliminary notices served was 500 and the number complied with was 272. Statutory notices served numbered 245, and 250 notices were complied with.

The following were some of the more important defects remedied:—

House roofs repaired	...	...	...	...	...	302
Eaves gutters and rainwater pipes repaired	...	...	...	...	...	104
Floors repaired	...	...	...	...	...	87
Staircases repaired	...	...	...	...	...	31
Plasterwork	...	...	...	...	...	461
Windows repaired	{	Woodwork	...	...	...	161
		Sashcords	...	...	...	152
Firegrates repaired	...	...	...	...	...	41
Outbuildings repaired or rebuilt	...	...	...	...	...	118
Closets repaired or rebuilt	...	...	...	...	...	281
Drainage systems repaired	...	...	...	...	...	123
Yards re-surfaced	...	...	...	...	...	10
Washboiler and furnaces repaired or renewed	...	...	...	...	...	43

Domestic Water Supply.

No. of premises (excluding Council Houses) having a private supply (estimated)	...	...	...	...	9,516
No. of Council houses	...	...	...	...	6,121
No. of premises having common water supplies (estimated)	...	...	...	...	1,940
No. of taps and standtaps used in common (estimated)	...	...	...	...	1,392

Water Samples.

Three samples of water were taken from the Public Baths and all were found to be satisfactory.

Factories.

Considerable attention was given to factories during the year. The number inspected was 85 and, in addition, 120 re-visits were made. Twenty-seven informal and 3 formal notices were served and 30 informal notices were complied with.

The following table gives an indication of unsatisfactory conditions found in factories during the year:—

Contravention	Inspections	Re-inspections	Defects Found	Defects Remedied.
Want of cleanliness ..	1	1	2	1
Overcrowding ..	—	—	—	—
Unreasonable temp'ture	—	—	—	—
Inadequate ventilation	—	—	—	—
Ineffective drainage of floors	—	—	—	—
Sanitary conveniences—				
(a) insufficient ..	2	4	5	13
(b) unsuitable or defective ..	37	42	96	87
(c) not separate for sexes	1	1	1	1

Outworkers.

(a) No. of lists received from employers	...	...	...	22
(b) No. of employers involved	...	...	...	11
(c) Outworkers involved	...	...	...	37
(d) No. of outworkers living outside Borough	...	...	...	23
(e) No. of districts in (d)	...	...	...	6
(f) No. of lists received from outside Authorities	...	...	...	15
(g) No. of outworkers involved	...	...	...	62

Infectious Diseases.

The investigation of notified cases of infectious diseases continued as usual, and the District Inspectors made 100 visits in connection therewith.

SANITARY ACCOMMODATION.

No. of houses and other premises (estimated)	...	...	17,428
No. of houses and other premises served by W.C.'s draining into public sewers	...	...	17,270
No. of houses and other premises served by ashbins	...	...	17,425
No. of privies in the Borough	...	...	4
No. of cesspools in the Borough	...	...	80
No. of pail-closets in the Borough	...	...	93

Particulars of conversions from conservancy system during the year.

Privies converted to W.C.'s	...	...	...	Nil
Pails converted to W.C.'s	...	...	...	Nil
Privies and pails abolished by demolition of dwelling-houses	...	...	...	Nil
Privies converted to pails	...	...	...	Nil

RODENT CONTROL.

The following table summarises the work done and gives a comparison with the previous year's figures:—

	1949	1948
No. of premises given initial treatment ...	113	128
No. of premises given subsequent treatment ...	74	108
No. of pre-baits laid	4843	7257
No. of poison baits laid	1042	1161
No. of pre-bait takes	2254	3109
No. of poison bait takes	684	723
Estimated no. of rats killed	1875	1961
No. of visits made	1760	2202

Sewer Treatment.

In accordance with the Ministry of Agriculture's recommendations two treatments of the sewers were carried out at six-monthly intervals.

Disinfection and Disinfestation Service.

Fumigation and Removal Service.

No. of houses treated with H.C.N.—

Corporation	Nil
Private	Nil
No. of rooms involved	Nil
No. of household furniture removals for which H.C.N. treatment was given	64

Houses treated with insecticide:—

Corporation	18
Private	14

No. of rooms involved:—

Corporation	52
Private	33
No. of houses disinfected after Infectious Diseases ...	116
No. of rooms involved	188
No. of visits to tips re crickets, etc.	134
No. of library books disinfected	84

Articles disinfected or destroyed:—

	Disinfected.	Destroyed.
Mattresses	69	16
Pillows	478	1
Bolsters	190	1
Sheets	132	—
Blankets	1322	1
Overlays	459	1
Sundries	438	2
	—	—
Totals	3088	21
	—	—

PUBLIC CLEANSING

Although I may be referring to the obvious it is so important a matter in Public Cleansing that I make mention of it as the first item of interest. Shortage of labour still continues in spite of many requests to the local Labour Exchange to send along any men who may be considered suitable. In my view the work of

refuse collection has to be improved and the job has to be made more attractive to the average worker. This can be done in my opinion by the provision of vehicles which will give a more dustless collection, by the provision of suitable uniform clothing for the worker and I think it will also be helped by the provision of a municipal owned bin scheme with uniform containers in a good state of repair provided and maintained at all premises.

In the tables dealing with refuse collection it will be evidenced that the work of refuse collection has again proceeded with an improvement over the preceding year. Domestic refuse has been removed regularly on a weekly basis and trade refuse has varied between a daily and a weekly collection. There has been an increase in the number of bins cleansed per week to an approximate number of 900. The conversion of privy middens has nearly been completed and the year has seen the passing of the last of the ash-pits.

Turning to the question of the cost of the service which should not always be taken as the criterion because to do public cleansing satisfactorily it can only be done economically and not cheaply. There is a tremendous difference between the two terms. The cost of collection and disposal shows an increase in comparison with the previous year but I feel that this increase is justified in the continued improved service which the town has had during the year under review. The major part of the increased cost has arisen in the collection side of the service where there has been an increase of 4/9 per ton. Even so the figure of 21/9 per ton compares very favourably with the general cost per ton in most County Boroughs.

VEHICLES.

The complete servicing of vehicles has continued and this scheme is now showing dividends. The fleet turns out looking smart and the sorry tale of major breakdowns is one which is very seldom heard. I also look forward to further dividends in the extension of the life of the vehicles but this cannot be realised immediately. Painting of vehicles is done as required and not to any set schedule of time limit because it is my experience that the type of work has a great effect upon any vehicle and from this aspect alone the time period between paintings must be elastic.

DISPOSAL.

House refuse has continued to be disposed entirely by way of controlled tipping and during the year the tip situated in Grange Park has received the whole of this material. Levelling and consolidation has been transferred from a manual system to a mechanical system using an Aveling-Barford Calf Dozer. The machine only came into use during the month of September but by the end of the year the appearance of the tip was vastly improved, added to which, I think that the net effect in a full financial year will be to reduce the cost of disposal. Coke breeze was again used for covering material and regular spraying with D.D.T. solution kept the tip free from insect infestations.

GRANGE PARK REFUSE DISPOSAL SCHEME.

Mention has already been made in the report that household refuse is disposed of by way of controlled tipping in Grange Park. The scheme is being taken in two parts and when completed an area will have been filled and levelled sufficient to provide for two football pitches and one cricket pitch. Three photographs are shown which indicate the first part of the work being undertaken.

Photograph No. 1 was taken when finger tipping was in progress with manual work only taking place.



Photograph No. 2 shows the same area although from a different angle when the first layer has been completed with mechanical means of levelling and consolidating as previously mentioned. In this photograph also can be seen the existing football field in the left top corner and this area will form the second half of the filling which of course will not be undertaken until the first part is completed.



Photograph No. 3 still shows the first part of the scheme but with the final layer being worked. The depth of this layer is approximately 6ft. and will therefore give some idea of the extent of the area being filled. Consolidation is so good that vehicles travelling to the tip face for discharging of loads do not need sleepers or tipping plates. The area is being worked to proper levels and in this way gives an extremely good finish as the photograph indicates.



HOUSE REFUSE COLLECTION.**Year Ending 31st December:—**

	1949	1948
No. of houses and other premises to which collection service was given	17,425	17,345
Average No. of ashbins cleansed per week ..	17,642	16,788
Average No. of privy middens cleansed per week ..	—	1
Average No. of pail closets cleansed per week ..	96*	124
Average No. of cesspools serviced per week ..	17	17
Average No. of gallons removed from cesspools per week	25,760	Not calculated
No. of ashpits emptied throughout the year ..	—	2
Total refuse collected in tons (estimated) excluding night soil	17,970	18,122

* Includes emptying of pails at fairgrounds throughout the year (272).

COSTS.**A. General.**

	Financial year ending 31st March.	
	1950	1949
Total cost of cleansing services	£25434	£21606
Loan charges	£816	£851
Expenditure for all services	£26250	£22457
Income from trade refuse, miscellaneous sales and royalties	£896	£867
Net expenditure for all purposes	£25354	£21590
Rateable value	£325402	£320307
Product of penny rate	£1298	£1258
Total rates in £	17/-	16/-
Net cost—equivalent rate in the £	1/7.5	1/5.1
% of above total rates in the £	9.56%	8.91%
Weight (in cwts.) per 1,000 population per day (365 days)	15.553	15.824
Total net cost per premises cleansed ..	29/1	24/10

B. Collection.

	Financial year ending 31st March.	
	1950	1949
Total cost (including loan charges and exclusive of Income)	£18511	£15419
Total cost per ton	21/9	17/-
Total cost per premises cleansed	21/3	17/9

C. Disposal.

	Financial year ending 31st March.	
	1950	1949
Total cost (including loan charges and exclusive of Income)	£4173	£3617
Total cost per ton in control of tips	4/8	4/-

D. Lister Road Depot.

	Financial year ending 31st March.	
	1950	1949
Total cost	£3566	£3461

SALVAGE.

In June 1949 the direction placed on Local Authorities to compel the collection of paper salvage was withdrawn. This only took place after the market was saturated with raw materials, consequently many authorities could not dispose of their paper salvage and discontinued the policy of collection also the income from paper salvage deteriorated. My Committee, however, in spite of these difficulties coupled with the shortage of labour, continued paper collection and it is interesting to note that the actual tonnage of paper collected exceeded that of last year by 53 tons but it is not so pleasing to note that the value of this waste paper only exceeded the value of last year's paper by a mere £24. Other salvageable materials also suffered in price reduction and although the overall figure of salvage collected compared with that of last year gives an increase of 180 tons, the income for the current year only exceeded that of the previous year by £760. This increased income would have been far less if it had not been for the improvement which took place in the collection of kitchen waste. Whilst on the subject of kitchen waste I should make mention of an experiment which the Committee approved and which was put into operation in July 1949. This was the introduction of 1,000 household buckets for the collection of kitchen waste to be serviced twice weekly and was followed early in December by the distribution of a second 1,000 buckets. This scheme, which therefore did not cover the whole period of the report, nevertheless resulted in an increase during the year of 100 tons of kitchen waste.

At the same time it was also decided to slightly increase the price of the finished feeding product and the increased income to the Council from this salvageable material was to the value of £680.

Reference must now be made to the expenditure which was incurred in salvage and one can see that the expenditure up to the 31st March 1950 exceeded that of the previous year by £3,100 which at first glance seems very unreasonable. A considerable amount of this, however, was money spent on capital items such as the 2,000 buckets for the house collection scheme and the purchase of a Bedford 3-ton truck with an Eagle Derby body. These items will not be repeated in the next 2—3 years and therefore the exceptionally heavy expenditure does not relate entirely to one year's cost. One must rather turn to the overall increase in income from salvage where it is shown that the year under review yielded an income only slightly under £6,000 and was in fact by far the best total since the end of the war.

Comparative Salvage Weights and Values.
Years ending 31st March, 1949, and 1950.

MATERIALS	MATERIALS SOLD				MATERIALS IN STOCK				Total Weight Collected (Tons)		EXPENDITURE £		
	Weight (Tons)		Value £		Weight (Tons)		Value £		1949	1950		1949	1950
	1949	1950	1949	1950	1949	1950	1949	1950					
Paper	430	497	2974	2998	12	5½	76	60	437	490½	Wages ..	3455	5011
Rags	17	18	167	170	3	2½	25	25	19	17½	Transport	691	623
Metals	37	72	73	154	3	4	6	7	38	73	Bonus ..	474	309
Glass	9	11	28	25	4	—	6	—	12	7	Materials	163	86
Bones, etc. ..	2	2	10	7	—	—	—	—	2	2	Miscellaneous ..	77	27
Kitchen Waste ..	454	554	1817	2490	—	—	—	—	454	554	Capital Items & Depreciation ..	—	1928
Sterilisation of Kitchen Waste	—	—	17	5	—	—	—	—	—	—			
Increased coll. allowance ..	—	—	125	123	—	—	—	—	—	—			
TOTALS ..	949	1154	5211	5972	22	12	113	92	962	1144		4860	7984

Salvage Income.

Year ended 31st March, 1946	...	£3653
Year ended 31st March, 1947	...	£3662
Year ended 31st March, 1948	...	£3963
Year ended 31st March, 1949	...	£5211
Year ended 31st March, 1950	...	£5972.

Records of Yearly returns of Salvage sold.

Materials	Year ended 31.3.46.		Year ended 31.3.47.		Year ended 31.3.48.		Year ended 31.3.49.		Year ended 31.3.50.	
	T.	C.	T.	C.	T.	C.	T.	C.	T.	C.
Waste Paper	279	2	297	15	349	6½	430	8	497	6
Ferrous Metals	127	6	27	11	18	13	36	10	72	5
Non-ferrous Metals	—	4	—	7	—	—	—	2	—	—
Textiles	23	7	23	8¼	14	10¾	17	10	17	17
Glass	24	13	17	8¼	11	0½	9	6¾	10	19
Kitchen Waste	394	16	371	16¾	413	0¾	454	7	553	17
Condemned Meat	3	9	2	7½	—	8½	—	19½	1	14
Bones	4	19	1	10¾	—	16¾	1	4¾	—	7
	857	16	742	4½	807	16¾	950	8	1154	5

MISCELLANEOUS.

SHOPS.

Pressure of other work again prevented enforcement of the health and comfort provisions of the Shops Act for which I am responsible.

SLAUGHTER OF ANIMALS ACT.

Three applications for licences to slaughter animals were made and granted during the year.

RENT AND MORTGAGE (INTEREST RESTRICTIONS) ACTS.

No certificates of disrepair under the above Acts were issued during the year.

CARAVANS.

Under the provisions of Section 127 of the Dudley Corporation Act, 1928, it is an offence for any tent, van, shed or similar structure to be kept on any land within the Borough without the prior consent of the Corporation. No camping sites were approved during the year but, as in previous years, gypsies set up unauthorised encampments at several places in the Borough. It was necessary for the District Inspectors to make 269 visits to secure their removal.

PIC KEEPING.

There was little or no decrease in the number of domestic piggeries during the year and 180 inspections were made.

PHARMACY AND POISONS ACT, 1933.

Only one application for entry on the poisons list was made during the year. The applicant's premises were visited and registration was recommended.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

Nine samples were taken by the Inspectors and submitted for analysis to the Agricultural Analyst.

RAC FLOCK ACT.

One sample was taken under the above Act during the year and the result was satisfactory.

STAFF OF THE PUBLIC HEALTH DEPARTMENT
AT 31st DECEMBER, 1949.

Medical Officer of Health: T. O. P. D. Lawson, M.D.,
 D.R.C.O.G., D.P.H.

Assistant Medical Officers of Health:

J. R. B. Gibson, L.R.C.P., L.R.C.S., L.R.F.P. & S.
 K. Vernon, M.B., B.S., D.T.M. & H., C.P.H.
 *L. Davies, M.B., Ch.B., D.P.H.

Consulting Gynaecologist: *F. Selby Tait, M.B., Ch.B., F.R.C.S.

Consulting Ophthalmologist: *L. H. G. Moore, M.B., Ch.B.,
 D.O.M.S.

Consulting Ear, Nose and Throat Surgeon: *W. K. Hamilton,
 M.B., F.R.C.S.

Consulting Paediatrician: *H. L. E. Jones, O.B.E., M.B., B.S.,
 M.R.C.P.

Speech Therapists: *Mrs. N. W. Brooke.
 *Mrs. L. E. King.

Dental Officer: *Miss D. M. Badham, L.D.S.

Chief Sanitary Inspector and Cleansing Superintendent: W.
 Parker, M.R.San.I., M.S.I.A.

Deputy Chief Sanitary Inspector: W. H. Bowman, M.R.San.I.,
 M.S.I.A.

District Sanitary Inspectors:

H. E. Hancox, M.R.San.I., M.S.I.A.
 E. Harris, M.S.I.A.
 R. Hill, M.R.San.I., M.S.I.A.
 F. Hesketh, M.R.San.I.

Assistant Cleansing Superintendent: G. Thomas, M.R.San.I.,
 M.S.I.A.

Assistant Sanitary Inspector: F. L. Jones, A.R.San.I.

General Assistant: D. Clarke.

Pupil Sanitary Inspector: D. Monkton.

Superintendent Nursing Officer: Miss E. J. Jackson, S.R.N.,
 S.C.M., H.V.'s Cert., Q.N.

Deputy Superintendent Health Visitor: Miss W. H. Bennett,
 S.R.N., S.C.M., H.V.'s Cert.

Administrative Assistant: J. P. Mackenzie, A.C.I.S., F.S.S.

Health Visitors/School Nurses:

Mrs. E. Aston, S.R.N., S.C.M., H.V.'s Cert.
 Miss V. J. Coulter, S.R.N., H.V.'s Cert.
 Miss S. Scott, S.R.N., S.C.M., H.V.'s Cert.
 Miss S. B. White, S.R.N., S.C.M., R.M.P.A., S.R.F.N.,
 H.V.'s Cert.
 Miss S. M. Wilcox, S.R.N., S.C.M., S.R.F.N., H.V.'s Cert.
 Miss B. J. Elliott, S.R.N., H.V.'s Cert.

Student Health Visitors:

Miss M. K. Morgan, S.R.N.
 Mrs. M. Horrocks, S.R.N., S.C.M.
 Mrs. M. W. Browne, S.R.N., S.C.M.
 Miss P. M. Adams, S.R.N., S.C.M.
 Miss A. Lamb, S.R.N., S.C.M., R.S.I.
 Miss R. McCann, S.R.N., S.C.M.
 Miss B. Viner, S.R.N., S.C.M.

Clinic Nurse: Miss B. A. Evans, S.R.N.

Municipal Midwives:

Mrs. E. Bailey, S.R.N., S.C.M.
 Miss L. A. Baylis, S.C.M.
 Mrs. E. A. Beeston, S.R.N., S.C.M.
 Miss E. F. Brightman, S.R.N., S.C.M.
 Miss E. Brown, S.C.M.
 Miss M. Corridan, S.C.M.
 Mrs. A. F. Davies, S.C.M.
 Mrs. J. Dickson, S.R.N., S.C.M.
 Mrs. A. Llewellyn, S.C.M.
 *Mrs. O. Dumulo, S.C.M.
 Mrs. A. Niblett, S.C.M.
 Mrs. N. J. Raybould, S.R.N., S.C.M.
 Mrs. E. E. Turner, S.R.N., S.C.M.

Dental Attendants:

Mrs. E. M. Smith.
 Mrs. I. H. Robinson.
 Mrs. I. Webb.

Clerical Staff:

General Health:

H. D. Parsons.
 A. H. Wilkinson.
 Miss I. Richards.
 Miss C. Breakell.
 Miss J. Cooksey.
 Miss J. Mason.

Sanitary Section:

S. Murphy—Senior Clerk.
 Miss I. Shipman.
 Miss D. Williamson.
 Miss H. Clarke.

School Health Section:

B. Booth, M.P.S.
Miss M. Mayer.
Miss E. Wassell.
Miss F. Lloyd.

Welfare Section:

Mrs. M. Whatmore.
Mrs. D. Morgan.
Miss D. Sherwood.

Mental Health Officer: S. W. Cross.

Occupation Centre Supervisor: Mrs. D. M. Cousins.

Occupation Centre Attendants: Miss B. F. Lloyd, Miss P. H. Kear.

Assistant Welfare Officer: W. A. Perkins.

Social Worker: Mrs. A. H. Smith.

*—Part-time.

